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THE

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ASSISTED BY

T. F. KERR, M. D., and E. A. CHAPOTON, M. D.

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THE PRELIMINARY AUTUMNAL TERM for 1877-'78 will open on Wednesday, September 19th, 1877, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, October 3d, 1877, and end about the 1st of March, 1878.

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The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures	$140 00
Matriculation Fee	5 00
Demonstrator's Ticket (including material for dissection)	10 00
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FEES FOR THE SPRING SESSION.

Matriculation (Tickets good for the following Winter)	5 00
Recitations, Clinics and Lectures	35 00
Dissection (Tickets good for the following Winter)	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

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Annual Announcement and Circular, 1877-78.

The READING AND RECITATION TERM will commence October 4, 1877, and close February 14, 1878.

The REGULAR TERM will open March 5, 1878, and close the last week in June following.

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TWENTY-FIFTH SESSION, 1878.

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WALTER CARPENTER, M. D., BURLINGTON, VT., Professor of the Theory and Practice of Medicine, Physician in Chief to Mary Fletcher Hospital.

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A. P. GRINNELL, M. D., BURLINGTON, VT., Professor of Diseases of the Heart and Lungs, Attending Physician to Mary Fletcher Hospital.

STEPHEN M. ROBERTS, M. D., NEW YORK CITY, Professor of Diseases of Children.

A. T. WOODWARD, M. D., BRANDON, VT., Professor of the Surgical Diseases of Women, Consulting Physician to Mary Fletcher Hospital.

EDWARD S. PECK, A. M., M. D., BURLINGTON, VT., Professor of Diseases of the Eye and Ear.

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CLINIQUE FOR DISEASES OF SKIN, by Prof. TAYLOR, once a week during his course.

CLINIQUE FOR DISEASES OF CHILDREN, by Prof. ROBERTS.

CLINIQUE FOR DISEASES OF NERVOUS SYSTEM, by Prof. HAMMOND, during his course.

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Detroit Medical Journal.

NEW SERIES. VOL. I. | NOVEMBER, 1877. | No. 11.

Original Communications.

A Case of Repeated Excision of the Inferior Dental and Gustatory Nerves for the Cure of Dental Neuralgia.

READ BEFORE THE DETROIT MEDICAL AND LIBRARY ASSOCIATION BY THEODORE A. McGRAW, M.D., PROFESSOR OF SURGERY, DETROIT MEDICAL COLLEGE.

The recurrence of neuralgia after its apparent cure by the excision of nervous trunks has been variously explained. In cases of centric origin, as in those cases where the pressure of an intercranial tumor excites pain in the extremities of a nerve, we can only wonder that operative procedures should give even the temporary relief which has sometimes followed excision. In cases of peripheral origin we have to assume, in explanation of the recurrent pain, either that the stump of the nerve has been affected by disease or compressed by cicatricial tissue or that actual regeneration of the nervous trunk has taken place. Modern researches have made it evident that this latter process is much more frequent than was once supposed. In the case

which I will now relate I believe that the nerve was actually regenerated, connecting anew the central organ with some unknown spot of irritation, which excited the persistent pain.

In June, 1875, I was consulted by a patient from Gaines, Mich., on account of a neuralgia, of several years' duration, of the left lower jaw. He had been a man of very strong sexual passions, and he had indulged them without stint. He had been accustomed to use tobacco freely, was a hearty eater, but not, as I believe, addicted to drink. The teeth on the left side had all been taken out to relieve the intolerable pain. Nothing could be found in the mouth or face to account for the trouble.

On Feb. 20th, 1873, he had been operated on in Philadelphia by Prof. Gross, who trephined the horizontal portion of the bone and destroyed the nerve. The relief given by this operation continued over a year, when the pain again made its appearance in the jaw and for the first time in his tongue. It became in time so intense that he insisted upon having something done for its relief.

Assisted by his physician, Dr. Holly, of Vernon, and by some students from the college, on the 15th or June, 1875, I trephined the ramus of the jaw and cut out about half an inch of the inferior dental and gustatory nerves. His cheeks were very fat, and the bone was very dense and hard. The operation proved to be very difficult, and, as the trephine failed to make any impression on the ivory-like bone, I was obliged to resort to the chisel and mallet. During this process the duct of Steno became bruised, and a few days after the operation ulcerated through, causing a salivary fistula. In other respects the patient did well and recovered rapidly, though it was many months before the fistula could be made to heal by appropriate treatment. He ceased, however, to suffer pain, and was well for a period of fourteen months. At the expiration of that time the neuralgia recurred. My attention had, in the mean time, been attracted to the following passage in Hyrtl's Typographische Anatomie:

"Richet relates that he had spoken with many persons

who, on account of severe neuralgias of the teeth, had had this nerve (the auriculo-temporal) cut by a cobbler of the Rue des Feves, in Paris, who for thirty years had practiced this operation with immediate and permanent success, and to the annoyance of the medical faculty, with great renown. Richet convinced himself of the value of the treatment by operating upon a case of horribly painful and rebellious dental neuralgia, with the effect of the immediate relief of pain."

Acting on this suggestion, I laid the auriculo-temporal nerve bare and divided it, but without any success in relieving the malady. A short time afterwards, at the request of the patient, whose sufferings were really atrocious, I performed the operation recommended by Dr. Gross, and removed the whole alveolar process of the left side of the lower jaw. Not the slightest improvement followed the operation. Day and night the unforfunate man was tortured by the unbearable pain, which never altogether intermitted, and sometimes made him delirious with agony. Believing that the nerve had become regenerated I determined to divide it at a point still nearer its origin and to tear it loose from its connections. I hoped in this way to achieve the success which had followed the stretching of nerves in neuralgias of traumatic origin, by breaking up any inflammatory adhesions which might compress it or bind it to neighboring parts. I believed, too, that I might thus prevent its regeneration by changing its internal structure.

I operated on Sept. 28th, before the class of the Detroit Medical College, in the following manner: " I made a T-shaped incision with the horizontal portion just below the Zygoma—laid bare the bone and separated the upper and internal portion from the ramus with a chisel. This fragment, including the coronoid process, was turned up, leaving the nerves exposed as they came out from under the external pterygoid muscle. Pulling the nerves out with a blunt hook, I examined them carefully. They seemed to me to have become completely regenerated, passing down at the lower part of the wound where they had previously been divided without any break in their continuity until they were lost to sight. I grasped each separately with a

pair of forceps and sought to pull them out from all their attachments. I had, however, miscalculated the strength of a living nervous cord, and found myself, after having made powerful traction in vain, obliged to cut them off with a pair of scissors, excising about three-quarters of an inch from each. The wound was then stuffed with carbolized lint and allowed to heal by granulation.

Healing occurred with great rapidity, and in a month the patient was ready to go home with but a small granulating spot remaining of the wound. There was, of course, paralysis of the eyelids, on account of the unavoidable division of the branches of the facial nerve. The neuralgia, however, was entirely relieved, and up to the present time he has had no signs of its recurrence. Whether the cure will be permanent, remains to be seen. I feared lest the operation at that point might cause anchylosis. This, however, is not the case. He has perfect motion and use of the jaw, and is entirely well of his salivary fistula. His long suffering has, however, broken his constitution, and his general health is wretched. He has, moreover, become addicted to the use of morphine, and has failed in many efforts which he has made to break the habit.

In view of the common recurrence of neuralgia after the excision of affected nerves and of the frequency of nervous regeneration as a cause of that recurrence, it would seem to me to be the duty of every operator to adopt such measures as would seem best adapted to prevent the growth of nervous tissue. Whether the stretching of nerves will accomplish the purpose remains to be seen; but it is at least worth a fair trial, and may be justified in practice, until experience proves its worthlessness or invention supplants it with better methods.

Abdominal Aorta nearly Severed by a Bullet—Life remaining at least an Hour and ten Minutes.

READ BEFORE THE DETROIT ACADEMY OF MEDICINE BY DR. JUDSON BRADLEY.

On the 4th of June, 1876, I was ordered to make, next day, a post mortem examination on the body of Martin Connors, who was killed by a bullet shot from a pistol on that day, to find the bullet. On the morning of the 5th of June, 1876, I made the autopsy as ordered by the coroner.

Laying open the skin and muscles where the bullet entered the body of the dead man I found that the bullet had passed through between the seventh and eighth ribs on the left side, about four inches from the median line. In its course it notchen the upper border of the eighth rib.

Opening the abdomen I at first encountered a large quantity of serum and clots, the result of internal hæmorrhage. I carefully removed the serum and clots, and satisfied myself that the bullet had not been taken out with them.

I then removed the stomach and bowels with care, and found that the bullet, in a downward and backward course, had passed through the stomach from the upper and front part of the cardiac extremity to the lower and back part of the pyloric extremity, thence through the pancreas, under the aorta, nearly severing it, and impinging on the spinal column about the first lumbar vertebra, again turned back and passed under the ascending vena cava, cut the right renal vein, and lodged in the right lobe of the liver near the right lateral border, where I secured it.

Now I should feel as if I ought to apologize to the Academy for introducing so ordinary an account of an autopsy to the attention of the members if I did not wish to call attention to the length of time that the man Connors lived after the fatal wound.

The shooting was done at the new water works, in Hamtramck, two miles distant from my office. A messenger came for me with horse and buggy, and I returned with him, time at least twenty minutes. Sent for a wagon to remove the man to

the nearest house. This occupied at least twenty minutes more, as no wagon could be found until after inquiry. Then say ten minutes to place the man in the wagon and drive nearly a fourth of a mile, five minutes more to arrange a bed in a room for the reception of the wounded man, on which having been placed, the man breathed his last at the expiration of ten minutes, or at least one hour and ten minutes after the bullet entered the body.

If a smaller artery be cut, as the carotid, a man will bleed to death in a few minutes, or as Erichsen puts it, "the wound will prove immediately fatal." But here was a man with the abdominal aorta severed in at least three-fourths of its circumference by the passage of a bullet through it, whose death was delayed by the resistance of the peritoneum and fibro-cellular tissues surrounding the aorta to the comparatively long time of one hour and ten minutes at the very least.

This case has been interesting to me particularly as unsettling my convictions as to the time required for a man to die under such peculiarly fatal wounds. If, before seeing this case, a person had asked me the question, "How long could or ought a man to live under such circumstances?" I should have replied without hesitation, "five minutes," and should have been very far from the truth.

Two Cases of Supposed Hip Disease.

A PAPER READ BEFORE THE WAYNE COUNTY MEDICAL SOCIETY, BY DR. C. HENRI LEONARD, DETROIT.

In presenting you the histories of these cases, gentlemen, you will pardon my prolixity in their narration. When I tell you that the first was seen by several of our most prominent physicians, who were deceived as to the true state of affairs, I think you will thus excuse me for the minutiæ of detail of otherwise not over interesting cases. Moreover, several of my friends, influential in the profession, to whom I narrated a few of the

of the symptoms seen in the case while treating it, left me "wagging their heads," they doubting also my diagnosis.

The first of these cases was a little girl, not quite three years of age, of average health, though not stout or robust, like many other children of German parentage. I was called upon July 2d, 1876, to see her. She had been ailing since the 5th of the previous month. An "irregular" was in attendance at this time.

On arriving at the house and questioning the mother, (who had seen the child more than the father) I at once made up my mind, and so expressed it to the parents, that the child had *not* hip disease (coxalgia), and that in this the previous attendants had all been mistaken.

This is the history as I then learned it:

June 5th, first complained of pain in leg, locating it at the *middle* of the inner surface of the *thigh*. On the 6th, complained more of it, but after a time walked pretty well. On the 7th and 8th the disease was progressive, and she walked stiff legged and stiff backed, putting the foot of the sore leg forwards, but brought the well one only up to the heel of the left, or the one of the diseased member. On the 9th she took but a few steps, ond on Saturday, the 10th, she made no attempt at walking. Stiffness of the leg and back was almost to complete anchylosis, she being like a "stick of wood," as the father expressed it. All this time there had been a steady and increasing fever. The physician then attending pronounced the case one of "spinal disease." All this time there had been no shortening, lengthening, abduction, adduction, eversion or inversion.

On the 12th a physician of large hospital experience was called in who pronounced it a "sprain of the hip." Fever at this time was *very* high, and she could not be moved from the bed without screaming from the pain thereby produced. She was now even "stiffer" than before. On the 13th symptoms were worse, an "acute inflammatory rheumatism" was diagnosed, and so some irritating ointment was applied to the hip joint. 14th, the whole member was now swollen and œdematous, though no prominence anywhere. This swelling increased

steadily until Saturday, when the *whole limb* was at least one-third larger than the sound one. No mal-position or unnatural position of limb. On this date counsel was called, as the attendant did not care longer to take the responsibility of the case alone. The result of the consultation was to change the diagnosis to hip joint disease. Extension was advised, but on the whole had to be given up, as the limb was too painful to allow of any manipulation. The counselling physician saw the patient, I believe, three times. On the 23d the attending physician applied a "scattering" plaster over the hip joint. This, or something else, left the child screaming with pain, and it was taken off by the "irregular" that was called to the case on the 24th. The leg now began to be flexed at the knee, the swelling declining somewhat from the foot, which was slightly everted and abducted. Things remained *in statu quo* till I saw the patient on the 2d of July, it having been given up to die.

The thigh was greatly swollen, some enlargement of the foot and leg; leg strongly flexed upon the thigh, toes everted, and the limb laid upon its side upon the bed. Temperature, 104. Child greatly emaciated and unable to eat anything, and crying night and day with the pain. As there was no evidence of pointing anywhere I ordered poultice (the first she had had), and gave morphine to quiet the pain, and said I would open the limb to evacuate the matter on the morrow, should the child survive the night. The parents were greatly surprised that I should think matter present, as all the former attendants had only *feared pus might form*, and so applied embrocations, &c., "to scatter it" as fast as formed, if any should be produced.

July 3d, the patient much easier, and a slight tendency to softening over the femoral artery. As the patient was so much improved I deferred, at the earnest solicitation of the parents, all instrumental interference for the time, at least until the patient began to flag again. In a day or two things seemed to be stationary again, and I called in Dr. Gustin to administer chloroform while I made the incision, not desiring to make one upon a restless child without an anæsthetic (at the point where the pus seemed nearest the surface) just over the profunda femoris. The

matter was so deep in that at the first introduction of the exploring needle I failed to reach it. Still confident of its being there, I reintroduced the needle, giving it a less outwardly direction, and deeper, and tapped the abscess. At this point I then introduced the bistoury, cutting an opening only large enough to introduce a pair of small dressing forceps, as the ground was too treacherous a one for promiscuous knifing, and tore the tract freely open, after the manner of Hilton. Nearly, if not fully, a quart of matter gushed out. The pus had burrowed all the way from the psoas region to the lower portion of the middle third of the thigh. The next day the fever had materially lessened, and the large pyogenic membrane lining the cavity was suppurating freely.

In a few days after opening the abscess other smaller ones occurred upon the body, but chiefly confined to the head and neck. I presume I opened no less than thirty of these secondary gatherings that varied from a filbert to an English walnut in size. In 17 days the little patient sat up in bed with the diseased thigh at a right angle upon the pelvis. Temperature now was about 100° F., with still a slight discharge from the wound.

When she first began to walk she was unable to bring the foot of the diseased limb any further forwards than the heel of the other foot. The foot has fully everted, and has held so whether standing or walking. She also limped a great deal from a stiffness in the psoæ and iliacus muscles. The father aptly described her walking to be like he would expect to see in a person that had a stiff rubber cord running from the small of the back to the front of the thigh, thus preventing the putting of the foot forwards and so holding the body inclined to the diseased thigh. The limb was perfectly moveable, on manipulating in the hip joint, and no pain or crepitation thereabouts. Over the abdomen, in the region of the iliac fossa it was still tender. I attributed the outward rotations to the wasting away of the muscles rotating the leg inwards by the so extensive suppuration. I assured the parents there wouid be progressive improvement, and so ordered good nourishment, plenty of out door

exercise, and regular and systematic massage of the muscles of the thigh. This has so far improved the limb that at the present writing she places the foot almost as far in advance of the sound one as a person would normally. The foot also stands in about its normal condition when standing or walking, but is still inclined to turn outwards (though not to so great extent as formerly) when running. The psoas seems to be a little stiff yet, and so tends to incline her body forwards; though this is bettering weekly.

Considering the very unfavorable condition of the patient when taken—as I saw no chance of life beyond a week, at most, whether the abscess was opened or not—I think, upon the whole, it has been a successful case. The only thing I have to condemn myself in is the few days delay before opening the abscess. But it was a serious question then whether the patient would survive the operation—slight though it was. The parents also were against any operative procedure until "pointing" took place. "Pointing," however, did not take place at all, even when the opening was made, and it took a great deal to overcome their prejudices even then, as I could not reasonably give them assurance of a final recovery.

My second case is that of a boy, Fred ———, aged 8½ years. Is a big headed, slim bodied, nervous boy, that has never enjoyed robust health, yet never any special sickness. His nervous system outstrips his physical. Some two weeks before I saw he began to complain of its hurting him to walk, referring most of the pain to the hamstring tendons, the most upon the inner side. There had been no special strain or injury to the joint. He also stooped a little when on his feet, and leaned a little to his left (the affected) side. There was some tenderness in front of the thigh, near Poupart's ligament. This led the parents to suspect some trouble of the hip joint. Additional force was given to this from their being somewhat familiar with the course of hip joint troubles. After being on his feet for a half hour or so, his leg would limber up and nothing would be said about it for the remainder of the day. The next morning the stiffness and pain were a little severer, but in the course

of an hour had left the little fellow again. Thus the case progressed, with daily exacerbations for some ten days, when he positively refused to walk, or stand upon his foot at all, the pain was so great.

At this time Dr. ——— was consulted, some remedy was given, and on calling the next day a large blister was applied over the trochanter, and quiet in bed enjoined, with an unfavorable prognosis as to the immediate recovery from the joint trouble. The boy steadily grew worse, and on the third day afterwards I saw him. I found him with a temperature of 104°, and with a history of several days of, apparently, as high a fever. Bowels constipated, unable to lie abed and still unable to stand. He would scream with pain, if held unsupported, erect with weight upon the limb. He stood with his body inclined left, laterally forwards, at about thirty degrees from perpendicular. The leg was flexed upon the thigh to about the same amount, and the toes only touched the floor. No inversion or eversion of foot, knee slightly adducted. On placing him on his back upon the table about the same angular position was maintained as regards the limb and the body. The least extension produced an intense pain that was referred to the region about Poupart's ligament, and the knee joint, posterior surface, where the hamstrings stood out like whip cords. On turning him over on his face I found the remains of a 4x4 blister over the posterior hip joint region that had been filled and emptied by former attendant, but *no pain or tenderness* on pressure over the joint proper, save the irritation occasioned by the blistered skin. On turning him upon his back I found that by supporting the thigh, strongly flexed upon the abdomen, the leg could be painlessly extended to nearly its full extent. Holding thigh still flexed, and stationary, percussion of knee joint gave no pain, extension of ligaments, rotation and flexion equally painlessly done, it was clear that no disease of knee was present, as the parents had also feared. There remained then the hip joint diseases to exclude before I could substantiate my hasty diagnosis made to the father on my first visit to the child. I found the thigh allowed complete flexion, extension to about 60 degrees, complete adduction

and inversion; there was no pain on percussion of the joint, indeed the boy laughed at the idea of my trying to hurt him that way, no pain on pressure behind or externally about the joint. On pressing firmly and deeply upon the joint, in front, some flinching was manifested. Conclusion reached:—No disease of the hip joint. Turning to the mother I said "now, I'll make him scream." Placing my hand upon the psoas just above Poupart's ligament I made slight pressure, and with an "*ouch!*" he shut himself up like a jack-knife. Anywhere from Poupart's to the ribs, above the psoæ of that side, it was exquisitely tender. Even from the lumbar region pressure was unbearable. Instead of extension that had been suggested, I bound his knee almost up to his chin with a broad flannel bandage, supported his foot and leg with pillows and bolsters so as to keep it steady, and free of all strain, and that night was the first in over a week that was passed with any degree of comfort at all. Quinine, aconite and Dover's powder, with a daily purgative by salts constituted the internal treatment. Externally, massage, with free application of a liniment of aconite, chloroform, oil, and ammonia. In ten days time my patient, save a little stiffness of the psoas, which is ere this overcome, was well.

Had this been hip joint disease, as was treated by the first attendant, it would necessarily have been in its first stage, and then, instead of symptoms we had, we should have had there the exact opposite ones in nearly every instance. The trouble was, as you all have already diagnosed, psoitis, and *not* coxalgia.

I must add that since the above was written, the boy has *entirely* recovered, there being no limping or mal-position of limb or body whatever.

In order that I may bring these two cases more clearly in contrast with the disease they were confused with, I have prepared the following table, making the leading article coxalgia:

COXALGIA.	GIRL (CASE I).	BOY (CASE II).
This is the stage of irritation and impeded motion; it is prior to effusion.	*Psoitis with Abscess and pyæmia.*	*Psoitis (simple).*
Stiffness of joint; limping gait, especially on rising.	This case is excluded, as it could by no means have been thought coxalgia in its first stage.	Stiffness, limping gait, especially in the morning.
Stands with sound leg as the *solid* support to body; lame one slightly flexed at knee and hip, but feet parallel. Nates slightly dropped.		Same as in coxalgia.
Rigidity of psoas, iliacus and rotator muscles, through the so-called "joint sense."		Rigidity of psoas and iliacus. Rotation when leg flexed upon thigh nearly perfect, and *painless.*
When patient placed on table, with pelvis at right angle of thigh, a tilting of the pelvis takes place when popliteal space of diseased member brought nearly to the surface of the table, and also spine upwards as the space is made to touch the table.		Could bear only a slight downward placing of the popliteal space from the original semi-flexed position. No arching of spine noticed, as the rigidity of psoas too great to admit of anything like a near approach of back of knee to the table.

THE FIRST-STAGE SYMPTOMS OF COXALGIA.—CONTINUED.

COXALGIA.	GIRL (CASE I).	BOY (CASE II).
Abduction limited; cannot cross diseased limb over sound one.		Can quite easily and painlessly cross diseased limb over sound one if kept flexed at the hip; otherwise cannot.
Abduction also limited.		Abduction but slightly, if any, limited if limb is flexed on abdomen.
Motion freer if extension made in line of deformity.		Cannot make any extension on account of pain thereby produced.
Atrophy of the thigh; has been some time ailing.		No atrophy of the thigh, as only a few days complaining.
Pain, independent of motion or pressure, may or may not be present at hip joint. Generally present at *inside of knee.*		Not present at hip joint, but in hamstring tendons, the most upon the inner side. As the father expressed it, "they stood out like whip cords."

COXALGIA.	GIRL (CASE I).	BOY (CASE II).
Pain and tenderness elicited on manipulation about the joint, and by percussion. Especially so if pressure made back of the great trochanter.		No pain or tenderness about the joint, save near the insertion of the psoas, if the thigh was kept flexed on the abdomen. Percussion painless.
Body erect.		Body considerably inclined towards the diseased side.

SECOND STAGE OF COXALGIA, OR STAGE OF APPARENT LENGTHENING FROM EFFUSION INTO THE CAPSULE, THE CAPSULE REMAINING ENTIRE.

COXALGIA.	GIRL (CASE I).	BOY (CASE II)
Body erect.	Impossible to be removed from the bed.	Body much inclined to the diseased side, and with great anterior flexion.
No, or but little, fever.	Fever *very* marked and continued from the first. Thermometer showed a temperature of 104°.	Fever very marked and continuous from the first. Temperature, 104°.
Apparent *lengthening* of the limb with *flexion* upon the thigh.	No lengthening, and no flexion at knee until after the third week of disease.	No lengthening, but great flexion of leg upon thigh and thigh upon abdomen.

SECOND STAGE OF COXALGIA.—CONTINUED.

COXALGIA.	GIRL (CASE I).	BOY (CASE II).
Foot *everted*, limb *abducted*, more dropping of natis, and foot slightly in advance of sound one.	Limb and foot perfectly straight till the third week; then laid with the external surface nearly flat upon the bed, the foot being completely everted. Was swollen from toes to iliac crest, and at times greatly œdematous.	No inversion or eversion of foot, but *knee* slightly *adducted*.
Marked anchylosis at hip (only) with severe pain; the *pain relieved by extension in the line of deformity*. Contraction of the adductor muscles.	The least movement causes pain; the whole limb and *back* being, as the father expressed it, "as stiff as a board." No special contraction of the adductors.	Extension in any direction gives excruciating pain. No anchylosis at hip joint if trial made with the thigh flexed strongly upon the abdomen. No pain in these manipulations. No contraction of adductors.
When movement of thigh is made the pelvis moves on opposite thigh, even under chloroform.	See above.	No such movement of pelvis, if limb is flexed upon the abdomen.
Foot touches ground with sole.	Foot would, if permitted, touch ground with sole.	Touches only with the toes,

COXALGIA.	GIRL (CASE I).	BOY (CASE II).
Pain most severe at night; the patient wakes with a sudden scream, then drops off to sleep again to awaken with a start and scream again.	Pain steady and continuous; though some nights resembling coxalgia.	Very similar to coxalgia in the matter of suddenly awakening at night.
Head *below* Nelaton's test line.	No displacement.	No displacement.

THIRD STAGE OF COXALGIA, STAGE OF RUPTURE OF JOINT-CAPSULE, OR STAGE OF SHORTENING.

COXALGIA.	GIRL (CASE I).	BOY (CASE II).
Suddenly there is *adduction* of the limb and *inversion* of foot with lessening of pain, and *shortening* of the limb.	Foot everted; pain more severe. *No* shortening.	Knee but slightly adducted, pain relieved in most part by flexing thigh upon abdomen. No inversion of foot or shortening of limb.
Shortening of limb.	No shortening.	No shortening.
Crepitus on manipulation of hip joint.	No crepitus.	No crepitus.
Ball of toes only touch the floor.	The whole sole might touch the floor.	Ball of toes only touch the floor.
Pelvis raised and projected backward, with natis high and round.	No special change.	No special change.

THIRD STAGE OF COXALGIA.—CONTINUED.

COXALGIA.	GIRL (CASE I).	BOY (CASE II).
Toes rest on opposite instep, when standing.	Would not.	Do not.
Trochanter on a level with Nelaton's line (may be a trifle below.)	On level with the line,	On a level with the line.
Painfully rigid and admits of no extension.	Rigid from muscular inflammation. No shortening, hence no extension.	Not so good. No shortening, hence no extension.
Body nearly erect, at times may be fever; as for instance on the opening of an abscess.	Fever high and continuous.	Body bent towards adducted member, and forwards. Fever high and continuous.
Gluteo-femoral fold higher, and nearly obliterated.	Not much changed. Natis flattened some.	No special change.
Finally, *ex post facto*, long time for recovery, and special mechanical and surgical treatment demanded. Deformity resulting.	Quick recovery; no special treatment used. Halt in the walk that is daily improving.	Quick recovery; no special treatment; no deformity; no lameness.

This, gentlemen, I think will be enough to prove to you the correctness of my diagnosis, even though some of you here once "wagged your heads" at such an opinion. I am not by this holding myself up as an expert in the diagnosis of hip joint troubles. Still I think if we all had the two or three rules that Sayre so inimitably lays down in his "Orthopedic Surgery and Disease of the Joints" prominently in mind there would be fewer mistakes made in the diagnosis of hip joint troubles. The rules I allude to are: If the joint has more than the ordinary amount of fluid (that is coxalgia in its second stage) the flexion will ALWAYS be accompanied by abduction and eversion.

If the capsule is ruptured (coxalgia in its third stage) the flexion (unless adhesions) ALWAYS has adduction and inversion.

These, gentlemen, might properly be called the golden rules in hip joint troubles. They have helped me out of many a—at first sight—perplexing case. To them I have added the following mnemonics:

In the second stage the disease is evidently FROM bad TO worse; hence, very properly, the Latin prepositional prefixes which both mean *from*, selected are *ab*(duction) and *e*(version) as showing the further position of the flexed member, as being *from* the body. In the third stage we have the Latin prepositional prefixes *ad*(duction) and *in*(version), as indicating the member as *to* or *towards* the body, and that the "*to* worse" has arrived. To some minds, however, the mnemonics may be worse than rules. But this is given to such as can receive it.

Case of Amputation for Extensive Caries and Abscess of the Tibia.

BY FRED B. WOOD, M.D., BIG RAPIDS, MICH.

On the 6th day of November, 1876, W—— G—— visited my office for the purpose of getting relief, if possible, from the extreme pain in his left leg, with which he had been suffering for several weeks. The following is the history of his trouble as related to me on his first visit:

When about eight years of age (eleven years ago), while playing at school, he received a severe injury by striking his limb against the edge of a plank sidewalk. The attending physician at this time diagnosed a fracture of the limb a little above the maleolus, and treated the limb accordingly. The recovery was not at all satisfactory, it being nearly three years before he was able to walk upon the injured limb. From this time it improved slowly until he supposed himself entirely recovered. But upon several occasions since, whenever he has received but slight injuries, which, in the other limb would not be noticed, he has been confined to the house, and sometimes to his bed, for several days at a time, suffering extreme pain, the limb at such times swelling but little, and the soft parts but little discolored.

In December, 1875, while in the act of driving a railroad spike with a heavy hammer. or sledge, the hammer slipped from the head of the spike, striking him with great force upon the same limb, and about two inches above the joint. For the next eleven months almost everything was used for the relief of the inflammation and suffering, both by members of the regular profession and traveling quacks, with but little success. At times he would get temporary relief so that he could work at his trade—that of a butcher—and at other times he would be confined to his bed.

Upon examining his limb I found but little swelling or reddess indicating an inflammatory condition of the soft parts, neither had there been at any time. By making firm pressure, however, I found it caused extreme and unendurable pain, also showing the periosteum to be thickened and nodulated over the entire lower third of the bone. His suffering had been so intense that it had been impossible for him to sleep nights for one week or more before he visited me. I at once placed my patient on the following treatment, watching carefully its effects: Sul. quinine, one scr., ferri redacti, ʒss, to be made into ten powders, one to be taken after each meal. Potass. iod., ʒjv, ammonia mur., ʒiij, aqua font., syrup sarsapr. co., aaʒij. M. Take one teaspoonful before each meal and at bed time; also

giving him a hypodermic injection of morphia each night for the relief of pain. This treatment I continued, with the addition of alcoholic stimulants at times for about seventy or eighty days, with no benefit whatever, my patient gradually growing weaker during the latter part of this time.

Several of the physicians of this city examined him at my request, from time to time, and I presented him once as a clinic to the Union Medical Society of Northern Michigan. One of the members agreed with me that it was a case of chronic periostitis, and that the remedies I was using must give relief if any form of medication would do so.

During the latter part of January, 1877, my patient failed very rapidly, and the injection of morphia, although given in large doses, afforded no relief from suffering. Therefore, on the 31st day of January last, I decided to make an explorative operation, and, if possible, discover the cause of all this trouble.

My patient being chloroformed and Esmarch's bandage being applied, I commenced operations in the presence of, and assisted by, Drs. Bigelow, Phelps, Hendryx and Badger, of this city. I made an incision down upon the bone, extending from the inner maleolus about six inches upward along the inner surface of the limb.

Although the soft parts were somewhat thickened, there had been at no time any formation of pus or sloughing whatever. I found the bone in many places entirely denuded of periosteum, and in a softened, honey-combed condition; indeed, so much so that it could be broken down with the handle of the scalpel or the thumb quite readily. Now, believing that the disease of the bone was so extensive that it would be impossible to save the limb, I decided to amputate on the following day, which I did in the presence of the gentlemen above named. The patient rallied very nicely indeed from the operation, and I do not think I ever saw one gain more rapidly after an operation than did this one, as he was on the street upon crutches on the eleventh day after. The amputation was made at the union of upper and middle thirds of the limb, and the stump healed very kindly with the exception of one point a little back of and at the

outer surface of the tibia. This point remained open, discharging but little, for about three months after the operation, during which time I removed two small pieces of bone. It then healed and has remained so up to the present time, Oct. 6, 1877.

In examining the bone I split it through its entire length with the saw, and found it in the following condition: About three-fourths of an inch above the articular end of the tibia I found an abscess centrally located in the bone, containing about two drachms of thick pus. There being no external opening communicating with the abscess, the medullary and Haversian canals, for about four inches above the abscess, were entirely closed, not even a trace of them being found in the bone. Above this point and on to the point of amputation, the central portion of the bone was destroyed by disease, leaving but a thin shell at some points only the one-twentieth of an inch in thickness. This clearly indicated the reason why some portions of the stump refused to heal, and necessitated the removal of portions of the bone three months after amputation was performed. Externally the upper portion of the bone presents a healthy appearance, while the lower third is very much thickened and enlarged from inflammatory action. The entire substance of the bone for about three and one-half inches above its articular end in which was found the abscess, is in a carious condition.

Now, in my opinion, this is not a case of true bone abscess, but it is my judgment that the abscess found in the central portion of the bone is one caused by caries, that disease having been gradually advancing since the infliction of the first injury eleven years ago. In either case, as a rule, the disease attacks the bone in the same locality, but in true abscess we very seldom, if ever, find extensive caries, while in caries we will almost always find abscess; showing that there had been increased vascularity, softening, and ultimately disintegration of the structure. And yet, taking my view of the case, it seems strange that there should be such extensive destruction of the bone from caries, while the soft parts were so slightly implicated as they were in this case.

That an inflammatory action has been going on in this in-

stance for a long time I think is proven by the fact that for a distance of four inches above the carious portion around the abscess the bone is found to be perfectly solid, and almost as dense and compact as the periosteum itself, the medullary and Haversian canals being entirely obliterated; and again, above this point we find the inner surface of the bone around the medullary canal entirely destroyed, leaving, as it were, a mere shell for the support of the body.

I should like to hear the opinions of other members of the profession in regard to this, to me, very interesting case.

Ophthalmology.

CASES REPORTED BY EUGENE SMITH, M.D., DETROIT.

Ophthalmic and Aural Surgeon to St. Mary's Hospital, Surgeon in Charge of St. Mary's Hospital Free Eye and Ear Infirmary.

The following very interesting case consulted me about the first of last July, complaining of trouble with his right eye. He had suffered for nearly a year with what was supposed to be rheumatism of the left arm, and which had been treated as such.

The eye appeared to be all right except that the pupil was contracted to a very minute size (myosis), and was perfectly immovable. The patient could see to read the finest test type with perfect ease, but large objects were but partially seen. With the ophthalmoscope the fundus appeared healthy. The patient called my attention to a swelling, or rather a series of swellings, situated under the left sterno-cleido-mastoid muscle, which I pronounced to be indurated lymphatics, and which seemed to pass down under the clavicle. The enlargement of the lymphatic ganglion followed an eruption of the scalp and neck.

My diagnosis was *pressure of the cervical portion of the sympathetic* by the enlarged lymphatics, paralysing the radiating fibres

of the iris, the pain in the arm being caused by the compression of the brachial plexus. The prescription consisted of bichloride of mercury internally and iodine tincture externally to the enlarged lymphatics. I lost sight of the patient till the 25th of Sept., when he called in to let me know that he has nearly recovered. The vision has improved, the pain in the arm has disappeared, and the lymphatic enlargements have nearly gone, those remaining being very soft. I changed the prescription to iodide of potass., and pronounced the patient almost well. The patient was 19 years of age.

Ophthalmia Neonatorum.—This is an inflammation of the eyes which should be, and probably is, of the deepest interest to the general practitioner. It requires no very great stretching of the imagination to fancy, if one has never seen, the anxiety of the mother when she sees the quantity of discharge which usually escapes from between the eyelids. Purulent ophthalmia is a serious affair in adults, and how much more so does it not seem in the delicate, new-born baby. Yet it is a disease easily controlled by proper treatment, and not necessarily fatal to vision. It usually shows itself about the third or fourth day after birth, which fact is pretty fair proof that it is provoked by inoculation. It may, however, and frequently does, ensue from exposure to bright light, from the contact of soap and water while washing the infant, from want of cleanliness and from cold air.

At the commencement of the disease the edges of the lids are slightly agglutinated, the lids are a trifle swollen, their borders red, and there is a slight catarrhal discharge. These symptoms are sometimes stopped at this point, causing simply a catarrhal ophthalmia, but it is necessary to remember that such symptoms are the usual precursors of the purulent form, and to watch them closely. The disease usually attacks one eye first, and very soon after the other becomes affected. The conjunctiva becomes swollen, and on opening the lid there escapes a citrine-like liquid containing flakes of mucus and pus. Unless modified by proper treatment the swelling of the lids increases,

as does also the purulent secretion, and too frequently the cornea becomes affected, and either vision is lost, or unsightly white spots are left as the result, producing more or less impairment of sight.

In every case of purulent inflammation of the conjunctiva it is necessary to pay particular attention to the state of the cornea. If the swelling of the conjunctiva and the lids renders it impossible to separate the lids with the fingers sufficiently to examine the cornea, the lid elevators must be used. The treatment of ophthalmia neonatorum must be guided by the character of the secretion ; if the secretion is of a catarrhal type cleansing with warm milk and the use of a mild stimulating lotion, such as zinci sulph., grs.i–ii, aqua, ℥i, every six hours will usually cure the trouble in a few days. If, however, we have to deal with a purely purulent type of the disease, more energetic treatment is called for. The edges of the lids must be kept annointed to prevent the retention of the discharge in the conjunctival sac by the agglutination of the edges of the lids, and the lids *everted*, cleansed of the secretion, and according to the gravity of the case either cauterized with the mitigated stick of argenti nitras, or a 5 grs. ad ℥i solution of the nitrate of silver used morning and evening. I do not approve of *washing* the eyes every fifteen minutes or every hour, as I believe the *irritation is increased thereby*, and if the glueing together of the lids is prevented, as it certainly will be by properly annointing their edges, the secretion will escape, and can be gently wiped away *externally*. I have known the disease to be *prevented from getting well* by the over-anxiety to keep the *conjunctiva* cleansed of the discharge. It is usually a number of days, even when neglected, before the ocular conjunctiva or cornea becomes affected, and with proper care and treatment they seldom participate in the inflammation. I do not hesitate to say that an eye *never* should be lost from ophthalmia neonatorum, though I am sorry to say many are.

If the cornea *is* affected, the cauterizations, or applications of the solution of nitrate of silver (5 grs. ad ℥i) *should be continued* to the *everted* lids, care being taken to wash off the excess

of silver, and a 4 gr. ad ʒi solution of sulph. atropia instilled every two or four hours. Sometimes it is necessary particularly if the corneal trouble is spreading, to make paracentesis of the anterior chamber, or if a prolapse of the iris has taken place, to snip it off with the scissors. Complications of the above character, however, only happen from *neglect.*

The recent care of several cases of this disease, and having been consulted a short time since about a *hopeless* case which had been treated by a *notorious quack* of this city, prompted the writing of the present notes, which he hopes will be received by the JOURNAL in the spirit in which they are written.

PURULENT OPHTHALMIA. — The following interesting and curious case so fully illustrates the foolishness and ignorance existing amongst the laity, so to speak, that I can not forbear translating it for the readers of the JOURNAL. Comment is unnecessary, and, although this particular case happened in France, cases fully as disgusting and displaying equal ignorance frequently occur in this country. The case is related by Dr. Briere, of Havre, in the July and August number of the *Annales d' Oculistique*, and is entitled "Singuliere etiologie d'un cas d'ophthalmie purulente." A young girl five months old was born with a small nævus, about the size of a lentil, situated at the inner part of the left upper-lid near the eyebrow. A physician who was consulted, advised letting it alone, but the mother, anxious about the beauty of her little girl, accepted the advice of a friend to rub the nævus with a *piece of placenta still warm*, (recent). Without any uneasiness regarding the production of the placenta, or the health of the person from whom it came, she procured, through a waiting maid an after-birth from a woman of bad character, and a piece of the placenta, *still warm and bleeding*, was applied without delay to the affected lid. The lid was rubbed for a long time, and so well that the infant swallowed blood which oozed from the piece of the after-birth. Three days after, Briere was called to take care of the child who was affected with a very severe purulent ophthalmia of the left eye, and a commencing purulent inflam-

mation of the right. It was very severe and lasted a month, though vision was saved.

ENUCLEATION.—Sunday, Sept. 30th, I was called fifteen miles into the country to see Mr. J. C. Mason, who, the Thursday previous had received a terrible wound in the left eye. While holding a wagon spoke for one of his men to drive into a hub, a large splinter flew off and without wounding the eyelids, laid the eye-ball open transversely across the center of the cornea, the wound being over half an inch in length. The lens and entire vitreous body ran out. The patient received intelligent treatment at the hands of the family physician, who coming to the conclusion that the eye ought to be removed, sent for me in consultation. Agreeing with the family physician as to the probability of immediate removal, I performed enucleation. The wound extended from the insertion of the internal rectus to that of the external rectus, through the ciliary body. The vitreous chamber was filled with a blood clot. No trouble had arisen with the other eye and the enucleation was advised as a *preventive* measure.

The subject of *preventive enucleation* is one which, for a long time has occupied the minds of ophthalmic surgeons, and is a difficult one to handle. We cannot say that one general method must be adopted, and lay down any rule or indicate the symptoms which require this or that proceeding, but each case must be considered on its own merits, and the arguments *pro* and *con* be balanced.

The following questions were to be discussed at the International Congress, periodical, of the Medical Science, held at Geneva this year. The result has not yet reached me, but the questions are interesting in this connection.

1st. Sympathetic troubles follow traumatism of the eye, are primary or secondary. The first are seen a few days after the accident; the others in a greater or less time—months or years—after the patient has recovered from the immediate results of the accident.

2d. When an eye is destroyed by a traumatism and all hopes of saving the sight or even a useful degree of vision are

lost, immense service is rendered the injured person by forthwith enucleating the injured eye. By so doing, we prevent the immediate results of the injury, ophthalmitis, etc.; the patient will, in a short time be able to wear an artificial eye, and we certainly prevent consecutive accidents. When there is reason to believe that the wounded globe contains a foreign body, the indications for enucleation are more imperative.

3d When an eye is lost in any way, traumatic or otherwise, and the stump is the seat of continued or intermittent sensitiveness, or of any acute or chronic inflammation, or contains a foreign body or chalky lens, enucleation is indicated as a preventive means even though the other eye manifests no symptoms of sympathetic trouble

4th. The enucleation of a blind eye, though it be painless, is still indicated if—which is possible in this condition—the other eye becomes the seat of symptoms attributable to sympathy.

The following provisory conclusions npon the cause and prevention of myopia (near-sightedness), which are to be discussed at the same "Congress," will give the readers of the *Journal* an excellent idea of the opinion existing in the minds of ophthalmic specialists regarding the cause of the important subject nearsightedness.

1st. The ordinary causes of myopia are ocular work and inheritance, whose action may be separate or combined. The first is the predominating cause.

2d. Hypermetropia (the very opposite condition, E. S.) may, under the influence of ocular work, be transformed to myopia, passing through emmetropia (the normal condition E. S.)

3d. The progress of civilization and especially of instruction tends to augment the extension of myopia.

4th. The predisposition to myopia is frequently, but not always hereditary. The influence of race upon this predisposition is still an open question.

5th. In ocular work, three principal factors concur to produce the anatomical lesions of progressive myopia in predisposed

individuals; they are in the order of their importance, the accommodation, the convergence of the visual axes and the oculo-cephalic congestion.

6th. The development of myopia is powerfully influenced by age, attitude, illumination, length of time of ocular work, the nature of the objects fixed (size of type, etc., E. S.) and the state of the eyes themselves.

7th. The prevention of myopia is to be sought for, in individual hygiene at home and at school in great part to be effected by physicians, teachers and the authorities, (school boards, board of education, etc., E. S.) It is necessary to use convex glasses for work in cases of hypermetropia.

95 Fort St. West.

Reports of Societies.

Detroit Medical and Library Association.

Regular meeting Sept. 24, 1877. President Brown in the chair.

Dr. McGraw exhibited a vesical calculus lately removed, weighing 666 grains. The stone was of composite character, the nucleus being of uric acid, while around it were concentric layers of oxalic acid and various phosphates. The patient had been afflicted for years, but his malady had never been fully diagnosticated, probably on account of the extreme difficulty in reaching the stone, which lay sacculated above the pubis.

When the diagnosis was fully determined, the doctor operated by the medio-lateral method, with a straight staff, but was compelled to crush the stone with the lithotrite before he could extract it from the wound. The operation was a successful one, and the patient was nearly well, no urine passing by the perineal wound.

The case had come from outside the city, and this led to the remark that in his experience when a stone did not originate

either from paralysis or enlarged prostate it came from some locality outside of Detroit.

He also exhibited a large sarcomatous tumor removed from the posterior triangle of the neck. It had involved the glands of that region, and entailed much suffering on the patient.

In its inception it had presented no symptoms of malignancy, which fact gave the doctor an opportunity to state his tendency to a belief in the theory that tumors are of local origin and benign in character, afterwards assuming malignancy. He also believed that early excision of tumors would prevent, by anticipation, this change in type, and thus preserve many an unfortunate from much suffering.

Dr. Jenks exhibited a tumor weighing seven and a half pounds, taken from the abdomen of a child two and a half years of age. He had first seen the child about ten months ago with Dr. Leach, who was attending it for some malarial affection. His attention had been called by the mother to a bloody discharge, thought to be from the vagina, but which he now believes came from the bladder; and also to a "bloating" in the abdomen. An examination of the latter plainly revealed the presence of a tumor occupying entirely the left iliac fossa, rising above the umbilical line and reaching beyond the median line. When Dr. Jenks examined the case he found the abdominal walls freely movable over the surface of the tumor, and fluctuation present.

It very much simulated an ovarian cyst, but a guarded diagnosis was given, as, if such were the fact, it would be a very unusual and remarkable thing.

Several other physicians also examined the child and all inclined to the same opinion.

The tumor kept growing, the child failed and recently died.

A *post mortem* was held, and on cutting down to the tumor it was found to be encased in a thick, fibrous covering, and to be agglutinated to the intestines, the omentum and the mesentery. Along the spine, in the lumbar region, it was closely adherent, and being cut away from its attachments no kidney was

found on that side. It was therefore a tumor of the left kidney. The right kidney, which had been doing the work of two, was healthy and as large as an ordinary adult kidney. The tumor was then laid open in presence of the society, when its contents were so evidently encephaloid that no doubt was expressed as to its character.

Dr. McGraw then read a paper on "The Excision of the Inferior Dental and Gustatory Nerves for the Cure of Dental Neuralgia. [See elsewhere, present No.]

Dr. Mulheron mentioned a patient he had recently seen on the eighth day after her confinement. She was then comatose and moribund from meningeal inflammation, but had never slept since her delivery. It was a question with him whether the sleeplessness was a cause or a result of the inflammation.

By inquiry it was developed that the woman had seemed over anxious about her household affairs, and had a sense of impending disaster, but no solution of the problem was offered.

Dr. McGraw said that within a few days he had been five miles into the country to see a case of typhoid fever, of which there had been several cases in the family or neighborhood. The cause of the disease could be very readily traced to the foulness of the water in the wells of the community. These cases had brought up with fresh interest the whole question of the miserable water supply of the farmers. It was also a question of vital importance to this city how far the butter and milk brought from the surrounding country might be contaminated with foul water, but it was a difficulty he now saw no way of surmounting.

Dr. Shurly said he had been attending a case of typhoid which, in its virulence, resembled the typhoid of the eastern states. The patient was so reduced that all functions but the vegetative were extinct. He had expected other cases in the same family, but none occurred. He thought the books, especially English works, were too prone to consider typhoid fever purely contagious in character, while he believed there were endemic influences modifying the disease in many instances which were confounded with those of a contagious origin.

Dr. Heaton gave some account of typhoid fever as he knew it in the Lake Superior region about Keewenaw Point.

On the north of the Point, he said, was the lake, and a little way back from the shore was a high bluff. A little further back and over a ridge lay the valley of Eagle river, covered with vast forests. When the mine owners began to clear these forests typhoid fever broke out with great virulence. The Cliff mine alone lost seventy-five men, the majority by hæmorrhage from the bowels. His observation led him to the belief that the fever resulted from a combination of causes, chief among which were the clearing of forests, the digging under old houses, or any enterprise which disturbed the accumulated decay of years or centuries.

Dr. Jenks spoke of the peculiarity of the water supply of Goderich, and also its remarkable freedom from malarial diseases, though it was just across Lake Huron from Saginaw, where those diseases were very rife. They did have typhoid fever, however, and no one doubted that the following was the correct explanation of these facts:

The town lies on high ground which rises rather steeply from the lake, and there is almost always a strong breeze blowing, which accounts for its freedom from malarial disease.

The supply of water was from wells, which had their source in a layer of gravel above a stratum of blue clay. In the town was a hollow, and it was in this neighborhood that the cases of typhoid occurred, and visitors were always cautioned against drinking from wells in that vicinity. There was no doubt that the water was contaminated by the surface drainage from the surrounding higher land of the city.

After some further desultory talk, Dr. Eugene Smith reported a case of punctured wound of the lens, the instrument being a sharp piece of small wire. The external wound was about a line from the corneo-sclerotic junction, whence the wire traversed the anterior chamber and pierced the lens. When he saw the patient the aqueous humor had refilled the chamber, though there was some blood mixed with it; still the wound in the lens could be seen. Dropped a solution of atropia into the eye and applied a compress.

Next morning there was marked improvement, the blood being nearly all absorbed, though the lens was cloudy. The treatment was continued for two weeks, when recovery was complete, a most remarkable result, as cataract generally follows injuries of such character.

He also reported a case of enucleation of the eye for trachomatous degeneration. The disease had been called cancer, but he had no difficulty in making a diagnosis, as the neoplastic formation peculiar to trachoma was very marked. He made the operation on account of sympathetic irritation, and was obliged to extend the external angle of the eye by incision, the eyelids had become so contracted, which made the case one of unusual interest.

THEO. F. KERR, M.D.,
Secretary.

Annual meeting Oct. 1st, 1877. Dr. Heaton was called to the chair.

After approval of the minutes the following was submitted as the

SECRETARY'S REPORT.

MR. PRESIDENT, LADIES AND GENTLEMEN:—Your Secretary has the honor of submitting the following report; The Detroit Medical and Library Association was formally organized on the 4th of October, 1876, by the election and installation of officers for the ensuing year. Two informal meetings had been held previously, at the latter of which a Constitution and By-Laws had been adopted and a Provisional Advisory Council appointed to pass upon the credentials of applicants for membership. That council reported at the meeting of Oct. 4th, thirty-four approved applications for membership, and these constituted the original society.

Since that date twenty-three new members have been received by the Association, after approval by the Advisory Council. One applicant was accepted on condition that he comply with a certain technical requirement of the code of ethics, which he refused to do, and, of course, failed to become a member.

Four applications have been rejected. One gentleman, who was elected on application, subsequently refused to sign the constitution, and three members have removed from the city.

We have, then, a *bona fide* membership of fifty three, but seven of these have never been present at a single meeting, and to these must be added twelve more, who have attended three meetings or less, and cannot properly be counted as active members.

It appears, then, that the Association has been sustained by thirty-four active members, whose average attendance has been a little more than eighteen, or about fifty-four per cent.

Soon after the organization of the Association, that is, on the 6th of December, 1876, the editors of the two medical journals published in this city made a proposition to the Association that it assume sole control of their consolidated publications, and issue a single journal for the benefit of the Association. The proposition was accepted and the Association began the publication of the DETROIT MEDICAL JOURNAL, in connection with E. B. Smith & Co., who assumed the business management and two-thirds of the liabilities for two-thirds of the profits, the Association assuming one-third of the liabilities and receiving one-third of the profits and all the books and exchanges.

That some such arrangement should be continued in the future by which the Association should continue to receive about all the new medical literature as it comes from the press is evident enough after the munificent gift of our worthy President to-night.

Articles of incorporation were drawn on the 12th and filed on the 20th of March, 1877, when the Association assumed all the privileges and responsibilities of a corporate body.

During the year the following persons have read papers on the subjects named:

Professor Armor—"Mental Epidemics."

Dr. Johnson—"Report on Physiology."

Dr. Montgomery—"Some Therapeutic Uses of Mercury."

Dr. Jenks—"Ancient Gynæcology."

Dr. Eugene Smith—"Use of Mercury in the Treatment of Iritis."

Dr. McGraw—"The Conservation of Vital Force an Essential Element of Conservative Surgery."

Dr. Eugene Smith—"Abscess of the Cornea."

Dr. Yemans—"At what Period in the Progress of Variola is Contagion Imminent."

Dr. Jenks—"Report on Obstetrics."

Dr. Shurly—"Report on 266 Cases of Vaccination with the 'Griffin Bovine Virus' as occurring in Private Practice."

Dr. McGraw—"On Excision of the Inferior Dental and Gustatory Nerves for the Cure of Neuralgia."

There have been, also, about twenty-five cases reported, and more than a dozen scientific or pathological specimens exhibited to the Association. The discussions following the presentation of these papers, reports, specimens, etc., have been of a wide range, and some of them exceedingly interesting. That portion of your work which has been deemed of general interest to the profession has already been published in the JOURNAL, and needs no further recapitulation here.

Such, in brief, is your record for the first year. It is not for me to disparage or praise. It speaks for itself.

The following is submitted as a synopsis of the

TREASURER'S REPORT.

General Fund.

Receipts	$132 00
Disbursements	131 85
Balance	$ 15

Library Fund.

Receipts	$130 00
Disbursements	47 75
Balance	$ 82 25
Due on subscriptions	25 00
Total available funds	$107 25

[To this may be added the gift of Dr. Jas. A. Brown, making the total available fund $307.25.]

The Committee on Nominations then made their report, which, with one or two changes, was adopted, as follows:

For Vice President—H. A. Cleland.

For Treasurer—E. A. Chapoton.

MEMBERS OF COMMITTEES.

Advisory Council—Eugene Smith.
Publication Committee—J. J. Mulheron.
Library Committee—D. La Ferte.

REPORTERS.

Practice of Medicine and Therapeutics—T. N. Reynolds.
Pathology and Microscopic Anatomy—J. D. Munson.
Materia Medica and Medical Chemistry—C. B Gilbert.
Diseases of Women and Children—Jas. A. Brown.
Obstetrics and Physiology—H. E. Smith.

On motion, the society proceeded to ballot for President, which resulted in the election of A. S. Heaton to that chair for the ensuing year.

The Secretary then read the following communication from the retiring President, Dr. Jas. A. Brown:

MEMBERS OF THE DETROIT MEDICAL AND LIBRARY ASSOCIATION:—There being nothing in our Constitution or By-Laws requiring the retiring presiding officer to deliver an address, and as we older members of the profession are not in the habit of doing *more* than is *required* of us, you will not be detained by me.

Knowing that this society is the possessor of more brains than money, it naturally occurred to me that if I had anything to contribute it must be to the money side of this condition of things. I for a moment thought of spending a portion of this small sum in a reception to the society, but believing that you are not "given to eating and drinking," you will allow me to suggest that it be expended by a committee of your creating in the purchase of such books and medical literature as they may deem to be for your advancement.

J. A. BROWN.

The thanks of the Association were tendered Dr. Brown for his generosity, and the Secretary was instructed to make suitable acknowledgement of the same, which was done in these terms:

41 Fort St. West, DETROIT, Oct. 3, 1877.

MY DEAR DOCTOR.—At the annual meeting of the Detroit Medical and Library Association, held Oct. 1, your munificent gift of $200 was received with the greatest enthusiasm. Very general regret was expressed on account of your enforced absence from that meeting, and the Secretary was instructed to convey to you the hearty thanks of the Association for the able and impartial manner with which you had presided over their discussions during the past year, and above all for your unexampled liberality in the donation of so large a sum to be expended in the increase of our library. With the beginning already made, your gift will soon enable us to make a very creditable display in that direction.

The Association, while thanking you for your generosity, likewise hope that your noble example may be speedily emulated by others who have at heart the cause of medical education, as well as the general prosperity of the profession. On behalf of the Association, I have the honor to be, sir,

Yours, most respectfully,
THEO. F. KERR, M.D.,
Secretary.

JAS. A. BROWN, M.D., 43 Lafayette Ave.

Dr. Yemans, on behalf of Judge Campbell, presented two volumes in the original French on "The Natural History of Remedies."

Dr. Kerr, on behalf of Dr. Brown, presented a copy of McCracken's "Michigan and the Centennial."

The books were accepted and the Secretary instructed to make a suitable acknowledgement for them.

THEO. F. KERR, M.D.,
Secretary.

Calhoun County Medical Association.

Agreeable to last adjournment the society convened in the Common Council rooms at the village of Albion, on Tuesday, September 4th, 1877, at 3 P. M. Meeting called to order by the President, Dr. J. H. Montgomery.

At roll call the following members were found to be in attendance: From Battle Creek, Drs. Edward Cox, L. A. Foote, J. H. Kellogg and D. C. Hawxhurst; from Marshall, Dr. J. H. Montgomery; from Albion, Drs. John P. Stoddard, Amos Crosby and A. M. Haight; from Homer, Dr. O. S. Phelps.

After the reading of the minutes of the last meeting, Dr. D. C. Hawxhurst proposed the name of D. J. G. Millspaugh, of Battle Creek, for membership in the society. He was unanimously elected. Drs. F. Wheelock, S. Tuttle and W. O'Donoughue, of Albion, were also elected honorary members of the Association.

The Secretary then read letters from Prof. Theo. A. McGraw, of Detroit, and Drs. Twiss, of Athens, and Green, of Burlington, regretting their inability to be present at this meeting of the Association,

The essayist for the occasion, Dr. Crosby, not being prepared, was excused, but his appointment was continued to the next regular meeting.

Dr. John P. Stoddard, chairman of the Committee on Epidemics and Endemics, made a verbal report, stating that the county, during the last six months, had been most singularly free from any epidemic, unless it might be the *fortunate* good health of the people and the *alarming* lack of occupation by the doctors. In various localities there had been a few sporadic cases of scarlatina, measles, whooping cough, and even diphtheria, but in no case frequent or severe enough to be dignified as an epidemic.

The regular order of business was suspended, when Dr. J. H. Kellogg, of Battle Creek, introduced the following preamble and resolution:

WHEREAS, Dr. M. Gill, formerly a regular practicing physician in this county, has rendered himself obnoxious to the medical code of ethics and to all philanthropic physicians by the use and advertisement of a secret remedy for hemorrhoids, and,

WHEREAS, Said Dr. Gill has taken and is now taking a course to bring reproach upon the regular profession by advertising himself as a regular practitioner, as well as using the names of prominent members of this and other regular societies as references;

Resolved, That we hereby express our entire disapprobation of the course of the said Dr. Gill, and that we refuse to recognize him as a physician in regular standing, and do not allow the use of our names in favor of his secret practice.

These were accepted and referred to the Committee on Ethics, for report at the next regular meeting.

Dr. Crosby then offered the following resolution, which was adopted:

Resolved, That the Committee on Ethics be requested to report at the next meeting of this Association upon the use of secret remedies, including cases in which cures are guaranteed.

Under order of business for voluntary papers and addresses Dr. John P. Stoddard read a paper entitled "Doctors and Druggists—their Mutual Relations and Responsibilities."

The writer introduced his paper by remarking that it might be somewhat doubted by the members "whether this theme was fully in accord with interest of the Association, or appear calculated to advance its highest interests. At first sight this may possibly so seem, but further thought will not fail to show this to be a subject well worthy the thoughtful consideration of every medical gentleman."

"In the term druggist is included both the manufacturer of, and the wholesale and retail dealer in, drugs and remedial agents and appliances of every description.

To-day, more than ever before in the history of medicine, the physician does not act alone and independent in the cure and treatment of diseased humanity. The progressive advance-

ment of mankind in culture and refinement makes necessary a greater division of labor and effort. Specialists are now a necessity, not only in medicine but also in the preparation of medicines. The physician to-day cannot, in the best sense, successfully give his attention to the whole range of medical and surgical practice. To do his best work and discharge his full duty to the culture and demands of the age, the physician has to seek that field of labor in his profession for which his tastes and talents peculiarly fit him. It is only thus that medicine can and does make that advance which to-day makes it the foremost of beneficent professions and the pride of our exacting civilization. If, therefore, at present, the physician cannot give himself to the whole range of practice, *much less can he* devote *any* of his time to the preparation or even to the dispensing of remedial agents. Years ago the doctor was expected to manufacture and supply his own medical *armamentum.* Such will not do now. The modern physician *must* have carefully trained and *honest* purveyors to their wants in the shope of manufacturing and dispensing druggists. These are the sternest necessity of our advanced and progressive profession.

Thus it is that now the physician sustains to the druggist that closeness and dependency of relation that characterizes no other calling among us. In short, no little of the physician's professional reputation and success is in the hands of the vendor of drugs.

Let the doctor prescribe never so skillfully if the medicines are inert or below the standard of strength, his skill and wisdom go for naught, his professional good name is blemished, and the patient's life is endangered or lost."

The writer presented the subject in three divisions, viz :

1. The physician and druggist in relation to the purity of medicines.

2. In relation to patent and proprietary medicines.

3. In the mutual relation of prescribing for the sick

In this paper he presented the first division only—that in relation to the purity of drugs, reserving the others till another occasion. He again alluded to the self-evident truth that the

physician, to do his best in combatting disease, in conserving life, must use only pure and efficient medicines. "We all know this, and yet we know equally well that much of the medicine we prescribe is shamefully adulterated and inefficient.

There is in existence a work called the United States Pharmacopœia, which assumes to state the dose of each remedy used by physicians, and from which druggists derive their formulæ for the compounding and manufacture of the articles prescribed. But how few of us dare rely alone on this! Often the remedy thus used would be only a broken reed in our hands. We have too often to assume that the drug is not of officinal strength and feel our way along till we find the proper dose of that particular sample, and then use it no longer in accordance with the directions of the Dispensatory, but according to our, perhaps dearly bought, experience. In the presence of the gentlemen of this Association it is not necessary to enumerate a list of hypothecated drugs. Each one knows that in buying powdered drugs, especially if costly, that there is no assurance that they are pure, but rather to the contrary. A firm largely manufacturing fluid extracts lately averred to the writer that they could buy powdered drugs 20 per cent. cheaper than the crude article. This speaks volumes for the unreliability of manufactured goods.

And right here is where the trouble arises, for occasionally we meet the genuine article, and we are suddenly shocked to find we have prescribed too much. The whole list of powdered drugs must be handled with care by testing first each sample. Dr. Edward Squibb has called the attention of the profession repeatedly to this matter. He mentioned particularly sweet spirits of nitre, chloroform, the ethers, and the whole range of the commercial fluid extracts and sugar coated pills. And those very articles that should, above all others, be pure and of uniform strength, are quite sure to be the ones that oftenest fail us. This unreliability of drugs is what brings the greatest uncertainty and the most unfortunate disappointments into the practice of medicine.

What is the remedy? It will not come from the druggist.

The profession must take the matter into their own hands and work the cure, if, indeed, there be any help. The druggist has become, in our country at least, a strictly commercial man, discarding, in most cases, science and professional pride, and operating in drugs solely for pecuniary profit. Far too few pharmacists have had a professional education in their line, and are therefore generally incompetent to test the purity of the drugs they sell. As long as physicians are content to let druggists sell medicines alone for profit and no questions asked, just so long will this state of things inhere. Our American law does not recognize a "State Board of Examination," such as exists in many European governments, before which each apothecary must pass a satisfactory examination before he can sell drugs. We ought to have a similar regulation in our own country. The profession must press this matter before our law makers, asking first that none be allowed to sell drugs unless he be qualified and licensed to do so, and second, that frequent inspections of drugs be made in each county by competent men appointed by the State. As physicians we should seek to elevate the drug trade above its present merely commercial status, and by law make it more a profession than a trade. This is the rational remedy.

But meanwhile, the physician must insist to his druggist that he sell only the genuine and reliable article, and take no other. We must not excuse ignorance in the seller of so sacred a thing as medicine. It is thought to be a terrible thing if a patient dies from an overdose of medicine, and so it is, but is it less a crime if the patient's life be lost because the physician has been compelled to use drugs below the standard strength, and thus losing time in getting the proper and desired effect, he thereby loses his patient? No, indeed. Physicians should deal with no one who is known to sell inferior medicines. We should shun them, and in every case seek out the most capable and trustworthy dealer in our locality. If it be once known that the profession will only take the best, regardless of the cost, the best will only be supplied.

When physicians seek most of all to buy cheaply, and make

purity only a secondary consideration, they work irreparable mischief to their profession, and sooner or later the curse will rest upon their own head and blast their professional success and reputation. Let each physician honor the capable pharmacist but frown down the quack. Let us call his business a learned profession—make it *only* one step lower than our own—make it, if you please, its younger brother, insist upon its close inter-dependencies, and you have taken a long step toward a great reform."

In discussing the paper read, Dr. Edward Cox remarked that the statements made by the writer were not as strong as the facts in the case would warrant. He believed that druggists were often more dishonest than ignorant. He feared that retail dealers often adulterated medicines themselves, and he had found that in his own prescriptions articles other than he had ordered had so often been substituted, either because cheaper or the ordered article was not in stock, that he had latterly very rarely written a prescription, preferring to be at the trouble of compounding his own remedies than run the risk of getting what he did not wish.

Dr. O'Donoghue answered that from a protracted experience as a dealer in medicine, he felt very sure that retail dealers seldom, if ever, hypothecated their drugs. To do so would be too much against their pecuniary interests. He well knew that many medicines were fearfully adulterated and below the officinal standard, but he was very sure the fault, in every case, lay with the manufacturer or wholesale dealer. The people, and too often physicians, wanted cheap or low priced articles rather than pure and costly ones, and this made the temptation great for manufacturers to furnish a cheap grade of goods. He was fearful that governmental interference would make the matter no better, and at present he could see no way to reform this growing evil.

Dr. D. C. Hawxhurst then read a very interesting paper on maxillary tumors, illustrating the same by several crayon sketches. The class of tumors he referred to were those arising from the non-eruption of the permanent teeth. He detail-

ed a number of cases occurring in the practice of English and French surgeons, and then gave at more length a description of a case occurring in his own practice, in which he had the good fortune to devise and make an operation which entirely relieved the trouble and yet did not interfere with the integrity of the maxillary bone to any such extent as did the operation resorted to by the surgeons first referred to. Since a copy of this paper has not yet come into the Secretary's hand, he is unable to better or more fully report an excellent and original contribution.

At the clinical session Dr. L. A. Foote presented a young lad having an enlarged abdomen, accompanied with a slight watery discharge at the umbilicus. He was examined by several gentlemen, but the great diversity of opinions expressed did not materially advance the diagnosis.

Dr. Phelps also reported that the case of Pott's disease presented at the last meeting was progressing satisfactorily towards a cure.

As neither of the gentlemen who were to open the discussion on scarlatina were present, it was resolved to continue for the little time yet before adjournment the discussion of diphtheria.

As the first speaker, Dr. Foote said that "Dr. Wood, in his 'Theory and Practice of Medicine' defines diphtheria as a 'febrile moderately contagious, asthenic disease, without characteristic eruption, and distinguished by a disposition to the formation of false membrane upon the mucous surfaces, especially on the fauces.' There is no other recognized disease having all these characteristics. It is a constitutional disease with a local manifestation.

In treating any disease the physician should study the peculiar manner in which a given disease tends to destroy life. It is plainly his duty to endeavor by all the means that science and art have placed in his hands to avert death, and in this disease death comes from exhaustion and not from suffocation or mechanical obstruction of the air passages. This being the case, the physician should not worry, fret and disturb the nervous system of a little patient who is being rapidly exhausted by a

wasting, specific and constitutional disease, by the use of strong caustics, such as nitrate of silver in the stick or carbolic acid. If the membrane be forcibly detached it will re-form. The caustic only coagulates the albumen and does not reach deep enough to prevent the re-formation of the pseudo-membrane.

As the danger in this disease is from exhaustion, the broad indication is a supporting plan of treatment, and as the vital forces begin to flag, stimulate. Hence use iron, quinine, carbonate of ammonia, chlorate of potassium, wine or brandy, beef tea, &c. A judicious selection from this class of remedies, combined with the inhalation of steam impregnated with quicklime, a weak gargle of carbolic acid, if there be much fetor, locally, presents the most favorable chance for recovery. A plan like this seems to be strictly in accordance with the nature and pathology of the disease.

The President, Dr. Montgomery, calling Dr. Cox to the chair, continued the discussion as follows:

"At the last meeting of our society I made a few remarks on the subject of diphtheria, and as this subject is now being resumed, I will briefly add to what I before said. I fully agree with Drs. Foote, Phelps, and others, that the disease is constitutional, and therefore little dependence should be placed on local treatment. Would give muriate tinct. iron and chlorate of potassium in liberal doses. If there was much fever prescribe sweet spirits of nitre and a mild cathartic. Would commence with quinine and beef tea very early in the disease, also diffusible stimulants. Milk punch or wine whey will generally be borne well. Be sure to continue the tonics and stimulants until the patient has fully recovered. During the convalescence the elixir of beef, wine and iron is very beneficial. Inhalations of steam from acidulated water or lime while slacking will give very great relief. As a gargle I prefer the solution of chlorate of potassium, to which may be added a small amount of muriate tincture of iron. I frequently use a saturated solution of nitrate of silver, applied with a camel's hair brush when there is much diphtheritic deposit. Have seen *undiluted* carbolic acid applied in one case, but think the application was decidedly in-

jurious. I think it far safer to wait for the gradual absorption of the membrane, as it is a well established fact that a majority of deaths result from exhaustion rather than strangulation."

Dr. S. Tuttle said that it had now been a long while since he had treated a case of this disease, yet years ago, while in active practice, a large number of cases had come into his hands. He suspected that he was ignorant of the latest methods of treatment and newest ideas and theories in regard to the pathology of this dreaded disease, but still he entertained decided opinions in regard to both. His most successful treatment was decided doses of calomel with fly blisters to the throat, conjoined with a gargle of chlorate of potassium. If strength began to fail would give quinine and brandy in liberal doses. He believed if we could, by means of a blister, secure the formation of large patches of pseudo-membrane on the external surface of the throat, we would do very much—even more than in any other way—towards the cure of the disease.

Other remarks were made by Drs. Cox, Phelps and Crosby. This closed a very interesting and profitable discussion.

The President announced that the subject of scarlatina would be continued for the next meeting, and that Drs. M. W. Tomlinson and J. F. Smiley would open the discussion.

It was ordered that the next regular meeting of the Association would be held at Marshall, commencing at 2 P. M. Adjourned.

JOHN P. STODDARD. M.D.,
Secretary.

Correspondence.

Invaginated Intestine—Sloughed off and Passed per Rectum—Recovery.

EDITORS DETROIT MEDICAL JOURNAL.—Having had a very singular and interesting case I thought that I would report the same to you.

August 23d, 1877 was summoned to see Mr. Israel Fergu-

son, of Howell, æt. 77. Found that he had suffered from severe rigors during the day, accompanied by fever and vomiting with peculiar odor of breath (not stercoraceous, however), pain and great tenderness with swelling (more or less tympanitic) in region of ileo-cæcal valve. Bowels would not move. He suffered from great thirst, which was allayed by free use of ice.

Patient continued in this way until about 29th, when symptoms of collapse came on with an almost unperceivable and intermittent pulse.

Used turpentine and camphor stupes continuously upon the bowels. Gave beef tea ad libitum, milk and whisky every hour; teaspoonful of whisky to two ounces of milk. Alsofive grains quinine once in two hours.

Sept. 20th patient commenced to improve. The bowels moved, pain and tenderness in region of ileo-cæcal valve gradually subsided, vomiting ceased, odor of breath became natural, symptoms of collapse passed off, pulse became regular, soft and full. Continued to improve up till Sept. 19th, when he was taken with pain in lower part of bowels. The pain continued until morning of the 20th, when, upon going to stool, it was ascertained that something protruded from the rectum about one inch, which his daughter pulled away, and summoned me at once. It was examined by two other physicians besides myself, and pronounced to be a portion of small intestine. It was in a partially disorganized condition, and, as previously stated, about 26 inches long. I suppose it must have occurred by invagination of small intestine into the large, followed by inflammation, strangulation and sloughing, with union of healthy portion at same point.

At date of present writing the patient is doing well and having natural passages from his bowels

I have preserved the portion sloughed for the examination of any and all who may wish to do so.

Very respectfully yours,

C. V. BEEBE, M.D.

HOWELL, Sept. 28, 1877.

Abstracts from Exchanges.

Practice of Medicine.

Typhoid Infection.—We are indebted to one of our recent exchanges for the following abstract of experiments, performed by M. J. Guerin. He wished to determine whether the stools in typhoid fever had a poisonous action. He sought more especially to determine whether the dejections of typhoid fever patients contained an infecting matter from the beginning:—

1. Subcutaneous injections of diarrhœic typhoid stools were made on twelve rabbits. Ten of the rabbits died in the course of the first four days, while one died a month after, and one recovered.

2. The heart's blood of a rabbit which had died on the third day after the injection of the typhoid stool was inoculated in another rabbit. This rabbit died on the next day. Injections of fæces which came from individuals suffering from other diseases were without any results.

3. Fæces, intestinal blood, urine, detritus of swollen mesenteric glands, and constituents of intestinal ulcers which came from a typhoid fever patient were inoculated on twelve rabbits. These all died at the latest thirty hours afterwards, with severe general symptoms. Three of them had diarrhœa. Post mortem examination showed no characteristic changes.

4. Material which came from typhoid fever patients (blood, urine, and fæces), and which had been kept four months, was inoculated on six rabbits. All these animals died without showing characteristic changes on dissection.

The conclusions which the author arrives at from his experiments are as follows:—

1. Typhoid stools immediately after being passed contain a poison which kills rabbits in a short time.

2. The blood and urine of typhoid fever patients has the same quality, as does also the detritus of swollen mesenteric glands, and typhoid intestinal ulcers.

3. This property is not lost by keeping the material for months.

4. The fæces of healthy individuals or of those suffering from other diseases do not possess this property.—*Boston Med. and Surg. Journal.*

Diagnosis of Progressive Pernicious Anæmia. (*Wien. Med. Presse*, No. 40; *Centralb. f. Med.*, Oo. 26, 1876. *Phila. Med. Times*, Jan. 6, 1877.)—Eichhorst says:

1. Pernicious anæmia may be diagnosticated even in its earlier stages with absolute certainty.

2. Anatomical changes are to be be looked for in the blood.

3. The disease may be considered a disease of the red blood corpuscles, as easily discerned as in leukæmia.

4. The characteristic appearances are, a portion of the red corpuscles are seen to retain their normal size, but are marked by an extreme paleness, with a tendency to crenation and the formation of rouleaux, while others among them attract attention by their small size, which is reduced often to one-fourth the diameter of the well formed corpuscles. These small ones are more deeply colored, and if allowed to roll over under the thin cover glass, their appearance in profile shows them to have lost to a greater or less extent their tri-concave outline.

5. Hundreds of examinations of the blood of healthy and diseased persons failed to disclose any similar changes.

6. With the progress of the disease the proportion of these foreign elements increases.

Vaccinated and Unvaccinated.—(*Sanitary Record*, Dec. 9th, 1876) says that in the last weekly return, "it was stated that in the present year among 31,360 unvaccinated children of the ages of 1–5, 35 were certified to have died of small-pox; while one only out of about 317,081 vaccinated children of the same age died of this disease. In this one case the small-pox appeared eight days after the vaccination, so that, according to Mr. Marston, the infection had been received six days before the latter."

The Influence of Heat on Mortality at Different Ages.—The *London Lancet*, in some comments on the weekly returns of the Registrar General of England, calls attention to the influence of heat upon the mortality of different ages.

The deaths of persons aged twenty years registered in London in the five weeks ending July 1st, 1876, averaged 613, whereas they had increased to 1215 in the third week of July. The deaths of persons aged upwards of twenty years averaged 665 in the five cool weeks, and were 663 in the third week of hot weather. Among young persons between five and twenty years the mortality increase due to heat was eighteen per cent. Among children between one year and five, it was twenty-three per cent., while among infants under one year, it was so great as 185 per cent. Most of the deaths of infants were due to diarrhœa, but fully sixty per cent. was due to heat alone. Seasonable weather, whether it be cold in winter or heat in summer, inevitably raises the death rate.

Cold in winter is most fatal to elderly persons and adults exposed to its influence. Intense summer heat is only fatal to infants, and in a less degree to children, while it exercises but a slight effect upon the mortality of adults.

Alkalies in Bread—A Cause of Disease.—Dr. Jas. Ford *(Cin. Lancet*, Jan., '75*)*, presents certain facts from which he concludes that

1. All alkalies taken into the system in excess of the normal supply which the food is supposed to furnish, are deleterious to health.

2. Alkalies when in the blood in excess, increase the capacity of albumen for oxygen.

3. Albumen, fibrin and caseine are dissolved and held in solution by the alkaloids and their carbonates.

4. These alkalies are blood alterants and diuretics, and have the power, if taken before meals, of reducing obesity.

5. When continued, the albumen of the blood and of the tissues becomes oxidized—its sulphur, under the form of sulphuric acid, unites with the alkali and probably with the chang-

ed protein compound, and is eliminated by the kidneys, and induce (Waring) a cachectic condition of the system.

6. They act as slow *poisons*, impair the plasticity of the blood and destroy, or cause the nutritive elements to be eliminated, without properly supplying the waste in the tissue.

7. Are not these causes sufficient to account for the change in type of fever—the terrible gangrene of the teeth—the diminished secretion of milk in the female—the strumous diathesis, and all that class of diseases arising from an impoverished condition of the solids and fluids of the body?

Physical Diagnosis. (*Medical Record*, Jan. 50, 1877.)—Dr. E. Holden gives a short description of an instrument which he thinks may facilitate the early detection of phthisis, and thus increase the chances of cure by medication. It consists of a soft rubber tube, ⅝ of an inch bore and two feet long, furnished with simple end pieces of thin metal of ¾ inch bore. A forced expiration or inspiration through the tube produces a rushing noise at its extremity. Such is the instrument required. If, now, the patient respires through this, the physician's ear being applied to the chest, and particularly to the supra-scapular space, the rushing sound is transmitted with clear, resonant volume. Disease, however slight, exaggerates the sound, alters the pitch, or changes it in proportion to the solidity of the conducting tissues. The respiratory murmur is singularly magnified, and in thin persons comparisons of the two sides may be necessary to prevent misinterpretation of the signs. In fine, the instrument intensifies the sound of vesicular dilatation, whether in a normal or morbid state. It intensifies the tubular sounds, which are sometimes drowned by the healthy murmurs, and it exaggerates the evidences of air in cavities.

Albuminuria in Delirium Tremens. (*Berlin Klin. Wochenschrift*, No. 32, 1876. *Medical Times*, Jan. 6, 1877.)—Dr. Weinberg, in thirty-three per cent. of one hundred and fifty-six carefully examined cases of delirium tremens, found a temporary albuminuria, which held as to its occurrence a close relation to the delirium. His results are thus summed up:

1. The appearance of albumen not only coincides with the occurrence of delirium, but the intensity of the latter, as well as its disappearance, marches hand in hand with the increase and diminution of the former.

2. In all the cases in which the symptom was taken into account no complicating disease nor high temperature nor frequency of the pulse nor evidence of renal disease was present.

A Brunonian Prescription for a Hypochondraic.—The following is an exact copy of a prescription given by Dr. John Brown in 1775 to a patient. This physician, it will be remembered, was the author of the famous Brunonian system of practice which for so long a time held such powerful sway over the profession. A fair idea of the system may be obtained from the prescription:

"For breakfast, toast and rich soup made on a slow fire; a walk before breakfast, and a good deal after it. A glass of wine in the forenoon from time to time. Good broth and soup to dinner with meat of any kind he likes, but always the most nourishing. Several glasses of port or punch to be taken after dinner till some enlivening effect is produced from them, and a dram (of whisky) after everything heavy. One hour and a half after dinner another walk. Between tea time and supper a game with cheerful company at cards or at any other play never too prolonged; a little light reading; jocose, humorous company, avoiding of Presbyterian ministers and their admirers, and all hypocrites and thieves of every description. Lastly, the company of amiable, handsome and delightful women and an enlivening glass."—*Ex.*

Virus.—Vaccinia and Glanders.—The study of virus is of course much more interesting. Fresh vaccinal virus subjected for more than a week to strongly compressed oxygen (50 atmospheres) retained all of its power. The pus of glanders, submitted to the same influence, rapidly killed the horses in whom it was inoculated. Moreover, the compressed oxygen having killed the living agents which could cause the putrefaction of the viruses, the latter were kept for a long time during

the great summer's heat, and still preserved all of their power. Accordingly, neither glanders nor vaccine owe their virulent properties to living beings or living cells; there is in them a substance, which, by this character, resembles diastasic matter. This conclusion is not in contradiction to the fact that the virulent action of the liquids of vaccinia and glanders resides in the corpuscles which are suspended in them, for the toxic matter can either be in a particular state of precipitation, or, though dissolved, still exclusively impregnate the cells, as the hæmoglobin of the blood, so soluble in serum, is still exclusively fixed in the globules.

Malignant Pustule, Charbon on Song de Rate, Murrain.—Through the researches of M. Davaine, pathologists have accepted the idea that these affections are due to the development in the blood of myriads of little beings known by the name of bacterides; that it is a form of micro-parasitic disease, or better, a sort of intra-sanguineous fermentation, determining death. The action of compressed oxygen seems to militate against this opinion, for the virulency of a very thin layer of such blood, submitted to the action of oxygen at high pressure, was not at all weakened, as was manifested by the death of several successive generations of inoculated guinea pigs, and yet the blood of these animals did not contain any bacterides. As these results were so different from the generally received opinions, I wished to try an experiment by an entirely different method. Infected blood filled with bacterides having been sent to me by Prof. Trasbot, of the school of Alfort, I added to it, drop by drop, and with great precaution, absolute alcohol, until I had about quadrupled the former liquid; the sort of mush thus formed was filtered, and the coagulum, well washed with alcohol, was rapidly dried in vacuo. Now, a fragment of this dried substance killed an inoculated guinea pig in less than a day; the blood of the latter caused the death of another animal of the same species, and even of a dog, and this manifest virulency was displayed in several successive generations of inoculated animals.

Now, bacterides could not be found in the blood of any of

the animals after the one poisoned by the alcoholic precipitate. The remainder of the latter being exhausted with water, I convinced myself that this liquid carried off in solution the virulent principle, which can be again precipitated in the form of very light white flakes, by the addition of alcohol. But these successive treatments seemed to diminish its power, for the last precipitate could not kill dogs, and fatal effects in guinea pigs occurred only as far as the third series of inoculations.

From all this, at the present time, we can only conclude that the affected blood in these affections contains a toxic and virulent principle which resists the actions of compressed oxygen and alcohol, and can be isolated after the manner for diastase. The questions which I am now studying are: is this principle confined to the bacterides themselves; has it been secreted, so to speak, by them, and does it enjoy this hitherto unknown property of products of secretion, that of propagating itself in living beings; is its virulence something more than that of the bacterides alone, so that this infected blood would conceal two causes of death.

Peritonitis in Children. *(Memor, 6 Heft., S. Kersch., Prague,* 1876. *Allg. Med. Cen. Zeitung,* Sept. 9, 1876. *Boston Med. and Surg. Jour.,* Feb. 1, 1877.)—Two symptoms are quite characteristic of the disease. First, there is the impossibility of lying with outstretched legs, the child having both flexed upon the abdomen, and consequently cannot be made to stand upon his feet. The second important aid to the diagnosis is the respiration. The sharp pains which arise in both hypochondria before even the evidences of a peritoneal exudation are evident, make inspiration very difficult, and if bronchial catarrh is present coughing is impossible.

Expiration goes on, unimpeded. The patient can cry quite loud, but the pauses between the cries are long, being occupied by a series of very short inspiratory acts. This symptom is never absent. The prognosis of the disease is not as grave as in adults. In little girls sterility remains, notwithstanding that they may otherwise be restored to perfect health.

His treatment consists in quinine, as many grains as the child is years old, once or twice daily, and the application of leeches, followed by cold water dressings, which must be rapidly changed. Morphine is given symptomatically.

For large exudations the trocar must be employed, nor must its use be too long delayed, as by the long continuation of the fluid, œdema of the limbs is apt to ensue, and by pressure on the large abdominal vessels, a new exudation is excited.

In these cases diuretics and diaphoretics are powerless unless preceded by the use of the trocar, and the wound should remain open, as a second puncture is often necessary.

On Temperature in Eclampsia. (*Theses de Paris*, 1875. *Brit. Med. Jl.*, Mar. 31, 1877.)—M. M. Diende and Herbart bring new facts in support of the opinions urged by MM Bourneville and Budin, that in eclampsia the temperature rises from the beginning to the end. If the disease is to terminate fatally the temperature continues to rise and reaches a very high figure. If the attacks disappear the coma diminishes or ceases, the temperature will abate progressively, and reach its normal grade. In uræmia the temperature falls progressively.

The observations of Deinde and Herbart seem to show, moreover, that the number of paroxysms is less important, from prognostic point of view, than the grade of temperature, which is everything. Accordingly, the physician who carefully takes the temperature every hour or two will be materially aided in determining his prognosis and treatment. Temperature tables of the numerous cases which have been relieved by every drug under the sun would be highly consoling and instructive.

The Rale Mouille. (*Brit. Med. Jl.*, Mar. 31, 1877.)—Dr. Millon calls attention to the presence of a special rale in pulmonary affections, which he calls rale Mouille, and which has, in his opinion, the highest importance from the point of view of diagnosis and prognosis. As to diagnostic sign, it denotes the passage of pneumonia from the stage of red hepatization to grey softening and to purulent infiltration of the pulmonary tissue.

In prognosis, this sign is a certain and invariable presage of death within a very short time; in fact, patients succumb within ten or twelve hours after its appearance. The following are the characters of this rale; It is a moist rale, in small bubbles of equal extent. The bubbles are a little larger than those of the fine crepitant rale. Mucous rales and some cavernous rales have some points of resemblance with the rale mouille, but differ essentially from it in these respects:

1. The rale mouille is confined exclusively to inspiration.

2. It is much softer and smoother than the mucous and cavernous rales.

3. The opening or rupture of the bubbles occurs isochronously with inspiration, and produces a sensation quite peculiar and quite homogeneous.

4. There are not, as in the mucous rale, large and small bubbles, but all are of the same volume.

Podophyllin in the Treatment of Hepatic Colic. *(Gazette de Hopitaux, Medical Record.)*—In a paper published a few months ago in *Lo Sperimentale*, Prof. Bufalini reported two cases of severe hepatic colic that were cured by the use of small daily doses of podophyllin. The first case was that of a woman, 45 years of age, who had suffered for a long time from violent attacks of hepatic colic. Her only relief was obtained from the use of active purgatives, which would cause the discharge of large calculi. An enteritis finally set in, which compelled her to stop the use of purgatives. Prof. Bufalini then ordered small doses of podophyllin (gr. one-sixth per diem), and both the hepatic colic and the intestinal catarrh rapidly disappeared. The use of podophyllin was continued for a year, and during that time and the two years that have since elapsed, the colic did not return.

The second case was that of a lady who had suffered for over two years from violent attacks of hepatic colic, and frequently passed calculi. All the usual methods of treatment had been tried without benefit, but the use of one-sixth of a grain of podophyllin per diem was soon followed by a cessation of the

attacks, and gall stones were no longer passed. The use of podophyllin was after a time discontinued, and for eight months afterwards the health of the patient continued good; the attacks of colic then returned, and calculi were again found in the fæces, but on resumption of the treatment they disappeared almost immediately.

To these cases Dr. Mercadie adds that of a lady who suffered for a long time from intensely severe attacks of hepatic colic, that were repeated two or three times a month. He had been unable to do more than relieve her by injections of morphine. He finally ordered a small dose of podophyllin to be taken every night, and since the treatment was begun (two months ago) no attacks have been experienced. During the first fifteen days of this treatment the stools were examined, and several times were found to contain calculi.

Therapeutics.

Phosphorus in Leucocythæmia and Allied Disease.—(*British Medical Journal*, Dec. 2d and 16th, 1876.)—The Clinical Society, of London, in its meetings of Nov. 24th and Dec. 8th, 1876, listened to several papers and an animated discussion upon the above subject. The facts, that in this disease the glandular system is irregularly involved, in some cases the glands generally being affected, while in others only the spleen is enlarged, the striking variations in different patients in the increase of the white corpuscles and the decrease of the red, the accumulation of the white in the spleen and the marrow of the bones, led Dr. Broadbent to consider that the essence of the disease lay in the altered relationships of the blood and the tissues or the blood and the glands.

Taking into consideration the rapid degeneration which takes place in all the tissues under the influence of phosphorus, he concluded that perhaps the glandular enlargements might be diminished by the careful administration of this substance. Several cases had been reported by him, in one of which the improvement was so remarkable that the patient had fully regained

her strength, while in the others the success was far less satisfactory.

Dr. Gowers related one case in which a favorable change took place for a time, but the patient eventually died.

Dr. Greenfield spoke of another in which the symptoms became worse under the phosphorous.

Dr. Goodhart communicated the details of one case in which the general health improved, but the glands remained unchanged. The patient was still living.

Sir William Jenner sent notes of three cases, in the first of which, after four months treatment, no benefit could be observed, in the second, the symptoms were aggravated, and in the third, after two months treatment, the patient died.

Dr. Moxon's experience was of the worst, as out of thirty cases he could not report one in which benefit appeared after the use of this remedy.

From these details it is apparent that the good expectations raised by the capital results of the phosphorous treatment in Dr. Broadbent's first case can now scarcely be held, although future results may be modified by employing the medicament in some particular way as yet untried. Up to this time it has usually been given in capsules, in doses of gr. 1–30, thrice daily, as in the pill form it was found perfectly useless, since the pills passed from the body unchanged.

Its action upon the kidneys must also be taken into consideration, for in many cases a marked fatty degeneration had already taken place at the time of death. The grand difficulty in the disease is our want of satisfactory pathological knowledge of its nature, and until such is obtained our chance for a rational and successful treatment is only problematical.

CROTON–CHLORAL AND ITS USE. (Dr. E. Sherritt, *Lancet. Medical and Surgical Reporter*, Jan. 20, 1877.)—It is of greatest service in neuralgia of the fifth nerve, and in many cases appears to act as a specific.

2. Its effects and benefit are most favorable in the neuralgias of comparatively young patients, especially in the headaches

of anæmic women or girls, in which class cure or relief was obtained in 86 per cent. of the treated cases. About the climacteric period success was obtained in only 50 per cent., while in later life the favorable results again rose to 60 per cent.

3. At the climacteric period bromide of potassium seems to be more reliable.

4. Headaches in patients with marked hysterical symptoms are rarely benefitted; the presence of hysteria always makes the success of the drug very doubtful.

5. In hospital out-patient practice he prescribes five grains thrice daily in half drachms of glycerine and water, and if not sufficient to produce effects, four times daily. Elsewhere he gives the same dose every two, three, or four hours, according to the urgency of the case.

6. There does not seem to be much danger in large doses of croton-chloral. Dr. Ringer has given it to a patient in five grain doses every hour for a fortnight, and Dr. Liebreich a sleeping draught containing a drachm and a half of the remedy.

7. Usually no unpleasant effects are observed after ordinary doses, though giddiness, headache, and vomiting have occurred in a few cases. If taken immediately after meals, emesis will usually cease.

Ammonia in Acute Rheumatism. (*Hosp. Gaz.*, July, 1877.)—Dr. Lewi, of the Albany Hospital, Albany, recommends, from the experience which he and Dr. Hall, his predecessor, have had, the employment of aq. ammonia in the treatment of acute rheumatism. The average duration of a series of cases in which this plan was adopted was nine and five-eleventh days. The remedy is prescribed in six drop doses, diluted with common water, and is given every three, four, or six hours, according to the severity of the attack. Dr. Lewi claims that

1. The liability to cardiac complications is lessened.

2. That the remedy is quickly eliminated from the system.

3. That it causes a copious discharge from all the excretors of the body.

4. It lessens febrile movements.

5. It increases the excretion of urea from the kidneys.

6. It favors the excretion of the products of all inflammations, and in this instance forms a lactate of ammonium with the poisoned synovial fluid, which is rapidly taken up by the excretory organs of the body and discharged from the system.

Simple Method of Testing the Purity of Chloroform. (*Phila. Med. Times. Am. Med. Bi-Weekly*, June 9, 1877.)—Dr. Leucke, of Strasburg, gives the following simple method of testing the purity of chloroform: Immerse a small piece of thin white blotting paper into the chloroform and then let it dry in the air. As soon as the chloroform has evaporated, the paper will not present the least smell if the chloroform is pure. If there is any acid smell perceptible, it indicates the presence of butyric acid in the chloroform, and as a rule has the strong characteristic of that substance.

Incompatibility of Calomel with certain Bromides.—(*Virg. Med. Monthly. Am. Med. Bi-Weekly*, June 9, 1877.)—Mr. N. A. Kuhn has studied the action of calomel with the bromides of potassium, sodium, ammonium aud zinc, and finds that a portion of the calomel is converted into a soluble mercuric salt, a considerable portion of the calomel, under some circumstances, being thus changed. This new formed salt is poisonous, a kitten having been killed by some of it in the course of an hour and a half.

Obstetrics.

Treatment of Gingivitis Puerperalis.—(*Bulletin General de Thirapeutique.—Louis. Med. Times*, June 9, 1877.)—Drs. A. & D. Pinard, call attention to the frequent complication of pregnancy. Mild cases present the following appearances: the gums are redder and more congested than in the normal condition, they are tumefied, the interdental free border is exaggerated as to its normal festooned appearance and covers in part each tooth. This condition is more marked anteriorly, than in the neighborhood of the molars. Pressure upon the tumefied

portions provokes hemorrhage. In a most advanced stage, the teeth lose their solidity, can be moved laterally and sometimes even yield to perpendicular pressure; sometimes they are pushed out of their sockets. Mastication is more or less painful and loss of blood occurs to a greater or less degree. Pain is rarely severe. The remote cause of the affection is pregnancy; what the proximate cause may be is not yet demonstrated. It appears usually towards the fourth month of pregnancy and but rarely disappears before a month or two subsequent to delivery, and then particularly in those who do not suckle their infants. The authors have employed solution of iodine, of glycerole of tannin and chlorate of potassium, which, though producing good effects, fail to bring about a rapid cure. Chromic acid is sometimes useful, but must be used with caution. The following solution of chloral has given good results. ℞., chloral hydrat, tinct. cochlearise aa. q. s. m. The teeth must be thoroughly cleaned of tartar, etc., before this application is made.—(*Phil. Med. Times.*

Relations of the Urinary Organs to Puerperal Diseases.—(*Am. Journal of Obstet.*, April, 1877.)—Dr. Chamberlain, in a lengthy paper upon the above subject, shows the frequency of affections of the urinary organs during and immediately after gestation and formulates the following conclusions:

1. Acute erysipelatous inflammation at the external genitals may ascend to the kidney, sometimes by the inner and sometimes by the outer surface of the urinary tract.

2. The blood of the parturient woman, saturated with fibrine and poor in hæmaglobin, predisposes to diseases of the excretory organs—the kidneys and liver. With a sufficient exciting cause acute fatty metamorphosis (he employs the latter word in preference to degeneration on account of the rapidity of the process) takes place. Fatal cases only are demonstrable, but minor grades of the process are probably not unfrequent.

3. Lymphangitis limited (cellutitis) and lymphangitis diffuse may mechanically induce acute œdema of the kidney in the puerperal woman by obstruction of the ureters. Diphtheritic or other inflammation involving the muscular coat of the blad-

der produces the same result. However excited œdema of the kidney tends to rapid degeneration, both of the tubular and inter-tubular structure.

4. Diffuse lymphangitis, commonly attending septic processes, by rapid destruction of the hæmaglobin, tends to the same result, while ulcerative endometritis, suppurative metrophlebitis and cellulitis, tending to pyæmia, not unfrequently are productive of metastatic suppurative nephritis.

5. The condition known as uræmia tends to develope peritonitis in parturient woman.

Successful Case of Cæsarian Section. (*Am. Jl. Obstetrics*, Oct. 1877.)—Dr. E. W. Jenks reports a successful case of Cæsarian section which was performed after the patient had been in labor for seven days. He was called upon to operate by Dr. Flintermann, who had been summoned to the case within the previous hour. The latter gentleman had learned that the patient was twenty-four years old, that the liquor amnii had been discharged seven days before, that the lady had been in charge of women till the afternoon of the operation, and that then a midwife was called, who, discovering an arm presentation, at once sent for the doctor.

He found that the left shoulder was presenting at the brim of a rachitic pelvis, which was so deformed that the conjugate diameter of the superior strait did not exceed two inches. Dr. Jenks, in verifying the diagnosis, succeeded in just inserting three fingers above the brim, but could not possibly crowd his hand beyond it. Version was therefore impossible, and the angularities of the parturient canal, caused by the pelvic distortion, prevented any kind of instrumental delivery per vaginam, for there was no opportunity to carry any instrument above the superior strait and at the same time to have any portion of the hand in the vagina as a guide.

The usual steps were taken in operating, and on opening the uterus by an incision of about seven inches, a fully developed and well nourished dead fœtus was easily removed. The child had died but a few hours previously, so that an earlier operation would probably have also saved its life. The placenta,

adhering to the fundus, was readily extracted through the incision by the uterine contractions, and with it came a quantity of putrid fluid, similar to some which, before the operation, flowed from the vagina, producing a horrible stench. No decomposition of fœtus or placenta was discovered, so that the liquid was probably due to old blood clots in the uterus.

The peritoneal cavity and uterus were carefully sponged out, and as considerable blood flowed from the uterine incision, the latter was closed by four deep silver wire sutures, passing from lining to covering; the sutures were all twisted and the ends turned down into the line of the incision, and it was hoped that during the process of involution it might be possible for them to be discharged by the uterine canal in a similar manner as is claimed are sutures put into incised or wounded intestines. After rapid but careful sponging of the abdominal cavity, it was closed by deep silver and superficial silk sutures. The woman rallied well; some hours after the operation the temperature rose to 103°, which was the highest temperature attained at any time. The woman is as strong and well as ever before in her life.

The doctor believes that the success was largely due to the facts that the liability to putrid infection was diminished by the thorough sponging of the interior of the uterus, thus ridding it of the products of decomposition rather than allowing them to pass per vias naturales; that there had been no intra-uterine manipulations, on account of their impossibility before the operation; and that the abdominal cavity was open but a short time, the introduction of the sutures into the uterus completely stopping the flow of blood, thus putting away the necessity of *waiting* for the cessation of hæmorrhage before closing the external wound.

Conception in Cases of Hypertrophy of the Cervix Uteri.—In his remarks upon a case presented by Dr. Cleveland to the Cincinnati Obstetrical Society, Dr. Reamy said:

It is not likely that the discharge in this case was furnished from the uterine cavity. It was either from the cervix, or, very probably, from the vagina largely. The vaginal glands, under the friction of such cases, frequently pour out an abundant secretion.

I am convinced that, in a larger proportion of cases than we dream of, semen enters the cervical canal during congress.

I have known several instances in which, upon the testimony of intelligent and trustworthy parties, conception never occurred except when special positions of the cohabiting parties were assumed. I know a man and wife, the parents of four children. At the time conception occurred, in each instance, the act was performed in the standing posture. Six years of fruitless married life had passed. This plan was adopted at the suggestion of an ignorant quack. After the birth of the first child, four years elapsed without further offspring. The same plan was resorted to and conception followed.

Such cases can only be explained on the hypothesis of a change of posture facilitating the direct entrance of the spermatozoa into the uterine cavity.

Inflammation of the cervical and vaginal mucous membrane is well known to be far more common than that of the body. It is quite common to find the most extensive disease absolutely limited by the os internum, the ovaries and uterus proper remaining even for years in a perfectly normal condition so far as structure is concerned. Of course, by sympathy, there is often more or less change of function.

In such cases, if conception can occur, it is potent in the cure of the cervical disease. It can, under such circumstances, rarely occur, unless the spermatozoa can be thrown beyond the blighting influence of the vile discharge.—*American Journal of Obstetrics.*

Physiology.

Properties of the Human Gastric Juice.—(*Lyon Med.*, May 13, 1877. *Med. Record*, July 16, 1877.) This subject has been lately studied by M. Charles Richet upon the person of the patient on whom Verneuil successfully performed gastrostomy. He has reached the following conclusions: 1. The acidity of the gastric juice, whether pure or mixed with food, is equivalent to 1.7 grammes of hydrochloric acid to a thousand grammes of fluid. 2. Acidity increases slightly at the end of digestion, and is independent of the quantity of liquid contained in the stom-

ach. Wine and alcohol increase, but cane-sugar diminishes it. 3. If acid or alkaline matters are introduced the gastric juice tends to return to its normal acidity. 4. The mean duration of digestion is from three to four and a half hours or more. Food does not pass successively but in masses. 5. The existence of free hydrochloric acid in the gastric juice was proved by a modification of Schmidt's method. 6. It is possible to extract all the lactic acid contained in the stomach and to prove that there is one part lactic acid to nine parts hydrochloric acid. 7. Following the method of Berthelet, that is, by agitation with anhydrous ether and deprived of alcohol, it can be shown that lactic acid is free in the gastric juice. 8. The question so long in controversy as to the nature of the free acid in the stomach seems almost solved, and it may be said that in every 1000 grammes of gastric juice there are 1-53 grammes of hydrochloric acid and 0.43 of lactic acid.

Gynæcology.

A New Material for Dilation of the Cervix Uteri.—*Med. Record*, July 14, 1877.) Dr. Sussdorff, after an experience of two years in the use of lints made of the root of the Tupelo tree, heartily recommends them to the profession as being far superior to sea-tangle or sponge. The tree is a species of Nyssa indigenous to the United States and of the five different kinds; the Nyssa Aquatica is to be selected for making the best tents. It is a Southern species and grows in swamps and wet places of Georgia and Florida. The roots are the parts used and though very heavy when first dug up, after being cut into smaller pieces and exposed to dry heat they become dry and light as cork. Messrs. Tiemann & Co. of New York, now prepare them compressed to a graduated scale. The advantages claimed for these tents are, that: 1. They are easily introduced, being smooth and firm. 2. They will not easily fall out of place as they are very light and soon absorb moisture sufficient to retain their place. 3. They are probably of antiseptic nature themselves or at least they will not decompose the

fluids with which they are in contact; have none of the offensiveness always accompanying sponge or sea-tangle, and being purely vegetable, are not likely to induce septic poisoning or local irritation. 4. The rapidity with which they will expand when in contact with the tissues and secretions of the uterus is perhaps one of their chief advantages. This rapidity can be controlled by selecting tents compressed to different degrees; thus one compressed to one-fourth of its original size, would not dilate so quickly as one reduced to one-tenth of the same.

Bleeding from the Vaginal Walls after Delivery.—(*Obstetrical Journal Great Britain and Ireland*, July, 1877.)—Dr. Budin, in the *Progres' Medical*, records several cases of hemorrhage from the vaginal walls after delivery and points out the signs by which such hemorrhage may be distinguished from that derived from other sources. As hemorrhage from the vulva or vagina may be of serious or fatal consequence, it is important in reference to treatment, to distinguish it from that proceeding from the uterus. Hemorrhage from the clitoris appears immediately after release of the head and before the expulsion of the shoulder; hemorrhage from the cervix does not appear in any quantity till after the expulsion of the trunk, the vagina being distended until that time. A large patch of blood over the shoulder, side and breech indicates hemorrhage from the anterior vaginal wall; from rupture probably of a varicose vessel and taken in conjunction with firm contraction of the uterus, it will be found to be diagnostic of this condition.

Proceedings of the State Board of Health.

The regular quarterly meeting of the Michigan State Board of Health was held in Lansing, on Tuesday, October 9. The members present were:

Prof. R. C. Kedzie, Lansing; Homer O. Hitchcock, M.D., Kalamazoo; Henry F. Lyster, M.D., Detroit; Hon. LeRoy

Parker, Flint; Rev. D. C. Jacokes, Pontiac; Henry B. Baker, Secretary.

Dr. Kedzie, Committee on Poisons, etc., read an important report on labeling medicines. He gave many instances of poisoning by taking the wrong medicine through mistake because it was not labeled. He urged that every medicine, and every injurious substance which may be mistaken for medicine, should be distinctly labeled. "Never administer as medicine any substance of the composition of which you are ignorant or in doubt." The paper was accepted with thanks, and a committee, of which Dr. Kedzie is chairman, was appointed to investigate another branch of the subject in reference to danger from the dispensing of drugs or medicines by unqualified or inexperienced persons. This committee is to confer with the Michigan Pharmaceutical Association, which has already given attention to the subject.

Dr. Baker presented tables, diagrams, etc., on the subject of the death rate as relates to age, climate, etc. He gave tables and diagrams for the various states and territories of the Union.

Hon. LeRoy Parker, chairman of the committee on legislation, made a brief report relative to the subject of boards of health in cities and villages, and mentioned that since the last meeting considerable progress had been made in securing health officers for such boards. The Secretary stated that the progress in this direction had been great, and it was largely due to Mr. Parker's efforts.

Dr. H. F. Lyster read a continuation of his paper heretofore presented on the subject of healthy homes. He considered the subject mainly with reference to their location and the measures to be taken to secure good drainage, and traced much of the ill health of people to dampness in and about their dwellings. He had issued a circular to the correspondents of the board, and with this paper he presented the substance of about forty repiies received, showing the nature of the soil, practice as to tile-draining, sources of drinking water, character of cellars, disposition of decomposing organic matter, etc., about the homes in the several localities. He recommended that wher-

ever the soil is not dry there should be tile-drains around the house or under the cellar.

In the discussion which followed, Dr. Baker deemed it important that such drains should never communicate uninterruptedly with a sewer, which may contain sewer gas, which will thus permeate the house; but the connection should be through an open-air space or otherwise freely ventilated, on the house side of the trap.

Dr. Kedzie said that if box drains be used they should be placed with one corner down, so as to be self-cleansing.

Dr. Kedzie read a paper on persistence in efforts to resuscitate the drowned. He reported a large number of cases where persons had been resuscitated a long time after they had apparently ceased to live. He claimed that deaths are constantly occurring for lack of thorough efforts at resucitation, and that whenever such efforts are made they should be continued at least two hours. He cited one instance where only after six hours of constant work did symptoms of life appear, and yet this person was completely restored.

The Secretary read an outline of a report of the work of his office during the last quarter. It included the distribution of about five thousand copies of the document on "Restriction and Prevention of Scarlet Fever," and sixteen hundred copies of the Fourth Annual Report of the Board; the printing of six thousand copies of the document on the "Treatment of the Drowned." Much time had been given to the compilation of "Weekly Reports of Diseases," and a large amount of miscellaneous correspondence and other business had been transacted.

Hon. LeRoy Parker read an abstract of papers read before the public health section of the American Social Science Association, at Saratoga, which he had attended in the interests of public health in Michigan.

Dr. Hitchcock presented a report and abstract of papers read at the recent meeting of the American Public Health Association at Chicago.

At the last meeting ex-president Hitchcock presented an address by title, and at this meeting it was read. The subject

was: "Heredity in its relations to the public health, and to legislation in the interests of public health."

A valuable paper on the "Diet of Infants," by Dr. Arthur Hazlewood, of Grand Rapids, an ex-member of the Board, was accepted with thanks.

The Secretary read communications from Dr. G. W. Topping, of De Witt, relative to reports of prevailing diseases; from Dr. O. Marshall, of Lansing, on the subject of opium eating; from Dr. Edward Dorsch, of Monroe, on lead-poisoning from tin cooking utensils lined or glazed with lead; from Dr. C. W. Marvin, of Ithaca, relative to the recent increase of deaths from cancer; from Dr. J. D. Hull, of Allegan county, relative to drainage in his locality; from Dr. Batwell, of Ypsilanti, relative to sickness from damning the Hudson river; from Dr. Charles H. Fisher, of Rhode Island, giving formula for preparation and an account of the first use of sulpho-carbonate of soda as a preventive in scarlet fever.

Dr. Lyster presented a paper on baths and bathing. He gave a history and description of all kinds of baths and their effects on the human body. His paper was also accompanied by numerous replies on this subject from correspondents of the Board to a circular which he had issued.

The Secretary presented his annual report in relation to the property of the Board. During the year additions had been made to the library—97 by purchase and 244 by gift and exchange. The library now has 931 numbers.

The expenditures by the Board for the fiscal year were as follows:

Chemical analyses	$ 10 00
Engraving, drawing, etc	103 00
Expenses of members attending meetings	135 20
Other official expenses	135 15
Instruments and books	458 71
Paper, stationery, etc	277 68
Postage—office	608 24
" —members	10 25
Printing and binding	451 50

Secretary	$2,000 00
Special investigations	18 21
Miscellaneous, (including express, boxing, etc.)	53 37
Total	$4,324 31

Very respectfully,

HENRY B. BAKER.

Editorial.

NOTICE TO CORRESPONDENTS, ETC.—Communications intended for publication, and books for review, should be addressed to "Editors of Detroit Medical Journal, care of E. B. Smith & Co., Detroit."

All remittances of money, all letters on the business of the JOURNAL, pertaining to subscriptions or advertisements, should be addressed exclusively to the publishers, E. B. Smith & Co., corner Fort and Griswold Streets, Detroit, Mich.

Original Articles, Reports of Medical Societies, Observations, Correspondence, News, etc., of general interest, are respectfully solicited from every source. Articles should be practical and carefully prepared.

The Editors will not be responsible for statements made over the names of contributors.

Specialism in Medicine.

Prof. Frank H. Hamilton, in a recent address before the alumni of the medical department of the University of Buffalo, touches upon the vexed question of specialism in medicine. True to the instincts of the accomplished surgeon he arrays himself in opposition to the practice, and of course advances some very cogent arguments in support of his position. The question of the demand for or usefulness of specialties is certainly one of much interest to the profession, and admitting of much argument *pro* and *con*. Does an undivided attention to a special organ conduce to the best interests of the patient and to the consequent advancement of science? At first glance the affirmative of this question would seem to be unquestionable, but a more serious consideration of the matter tends to the creation of some doubt. There are reasons why the general rule that success is most likely to follow concentration of aim and purpose should meet with an exception here. Intimately and deftly interdependent as the various organs are, it is impossible to regard any single one to the exclusion of all others. Although our

specialists repudiate any tendency to do this they nevertheless tend in that direction. It is one of the infirmities of the human mind that leads them to do so. To listen to or to read the discussions of an ophthalmological congress one would almost suppose that the eye is the organ *par excellence* of the body. A gynæcological society, on the other hand, would lead one to suppose that the uterus is the grand center toward which all the other organs gravitate and around which they revolve.

Prof. Hamilton aptly refers to this tendency:

The human system is a wonderfully complicated machine. No one part is independent of the other; the heart suffers with the brain and the brain with the heart; the nerves and arteries are distributed and woven into every part of the fabric; and while it is necessary for the physician to study every organ in detail, it is equally necessary that he should study it as a whole, when all the parts are put together and are in motion.

The specialist discovers a pimple in the ear, and limiting his observation to what the tube of his otoscope discloses, he fails to discover that there is a pimple on the nose also; and he does not, therefore, recognize the fact that the pimple in the ear implies a fault in the general system, nor that, while it may contribute to the comfort of the patient to extinguish the pimple by a local application, it is sure to be followed by another here or elsewhere, unless the remote or constitutional cause is removed. The outward sign may be blotted out, but the latent poison still courses through the veins undisturbed. Specialists will no doubt admit the truth of this general statement as to the constitutional origin of many local maladies; and they may perhaps consider it an unjust imputation upon their good sense that I venture to question their judgment and their practice in this particular. Then they must hereafter speak in a way not to be misunderstood. I read their reports of cases; I listen to their discussions, and I have frequent occasion to observe their practice, and I notice constantly that they give very little attention and credit to general treatment as compared with local treatment. I have listened an hour to the discussion of a proper treatment of trachoma,—granular conjunctivitis,—conducted by eminent ophthalmologists, in which a variety of local applications were considered and their comparative value carefully estimated, but not one word was said about general treatment or hygiene. Yet every practitioner knows, and perhaps they knew also, that in nineteen cases out of twenty, if not in every case of this form of chronic disease, and probably in the vast majority of all chronic diseases, their existence depends wholly upon a general dyscracy, and that while local medication may

be useful it is by no means an essential part of the treatment. It is sponging out a wound to stop hæmorrhage and neglecting to tie the artery that supplies the blood; it is Mrs. Partington again mopping the Atlantic from her door-step.

There is, I observe, a natural and a most irresistible tendency in specialism to attach undue importance to the local lesion, and to put it in the relation of cause, when it actually stands in the relation of effect. To resist this tendency specialists need, first of all, a complete knowledge of medicine and surgery as a science, and from this specialism must come as a natural outgrowth. No man can become an ophthalmologist or an aurist by a study of the eye or ear alone. All of our really great specialists were at first general practitioners, who, having attained distinction as such, became afterwards by gradual and almost insensible departure, specialists. Even then the habitual limitation of the vision is liable, eventually, to narrow the breadth of their horizon. . In short, gentlemen, specialists need help from the general practitioner quite as often as the general practitioner needs help from them, aud in my opinion, much oftener. In addition to the ophthalmoscope, otoscope, laryngoscope, stethoscope, microscope, and many other useful instruments of this class, for which we must acknowledge our indebtedness to them, they need a telescope, and a wider-scope —aids to vision most often found in the hands of the general practitioner.

We have seen several deplorable instances of failure on the part of specialists who have *ab origine* confined themselves to their chosen organ. Specialism should be regarded as a higher department of medicine whose ranks should be recruited only from the rank and file of the general practitioner, and we have come to regard with suspicion the young man who enters upon the study of medicine with the single aim of embarking as a specialist.

There is, moreover, another view of the matter. The success which a few specialists have achieved has vested the practice with many attractions, and as a consequence the supply bids fair soon to exceed the demand. The fact is apparent that the field left for the specialist after the general practitioner has been over it, is comparatively a limited one. There is a feeling in the intelligent general practitioner (it may be a conceit) that he is competent to attend to much of the work which the specialist looks upon as legitimately his spoil, and we have known an oc-

casional old fashioned family physician to do some very creditable work without making much noise about it. The specialist is a very convenient individual to have around in an emergency, but for his own interest there are now-a-days too many of his kind in most cities; and until the different organs have been properly assigned, each to the care of its special guardian, we would advise the young man who fancies he sees a fortune in any particular part of the body to take down his chart, take new bearings, and reconsider his calculations. As yet the *role* of the general practitioner promises the greatest certainty of success.

J. J. M.

———, B. A., M. D.,

OCULIST AND AURIST to the ——— General Hospital and Children's Hospital, Lecturer on

DISEASES OF THE EYE AND EAR,

in the School of Medicine, at the

—— **HOTEL,** ——

On Saturday, Oct. ——th.

☞ Residence and office, —— st., ———

The above is a fac simile, with proper names omitted, of an advertisement clipped from a Canadian paper. The only feeling, apart from that of indignation at what would in this country be regarded as a flagrant violation of professional ethics and propriety, aroused by such a display, is one of surprise that such a thing is tolerated in a country where both legislation and professional *esprit de corps* have done so much towards elevating and advancing medical science. The parading of degrees (which, like virtue, should be their own reward), and the species of clap-trap manifest in the above advertisement are fortunately confined in this country to the mountebank and charlatan, and any such attempt on the part of a reputable physician would speedily place him under the ban of professional ostracism. If the proposed union of the Canadian and American Medical Associations should be fol-

lowed by a professional sentiment among our neighbors which would render such exhibitions as the above impossible, we should hail the day when that union shall be consummated. No medical school on the continent stands deservedly higher than that which the advertiser parades himself as lecturing in, and we have heard the gentleman himself very highly spoken of, both as a lecturer and as a practitioner, and these facts but go to increase our surprise at his anomalous conduct. It is a question whether the gentleman himself or the professional sentiment which renders such a display as the above possible, is most to be censured. J. J. M.

St. Mary's Eye and Ear Infirmary, to which Dr. Eugene Smith is surgeon, is an institution which, under its present directorate, has won an important place among our city charities. The Infirmary is the successor to a weekly eye and ear clinique which had been held at the same place for some years; it differs from its predecessor, however, in being open daily and in having a change of surgeons. It is doubtful whether any city of an equal size in the country can show a daily clinique affording such a quantity and variety of material as is presented at this infirmary. Scarcely a day passes in which one or more of the capital operations are not performed, and on a visit made a short time ago we witnessed one operation for cataract, two for glaucoma, one for trichiasis and three for entropion. Dr. Smith extends a cordial invitation to all physicians, resident in the city as well as visiting, who are interested in his specialty. There are certainly few places in which an hour can be spent to better advantage. Hours from 1 to 3 P. M. J. J. M.

Memoranda.

An Error Corrected.—By a mistake of the printer, our advertisement in October Journal gave the discount as 15 per cent. on medical, and 25 per cent. on miscellaneous books. It should be 10 per cent. on medical, and 20 per cent. on miscellaneous. E. B. Smith & Co., Publishers.

Dr. Bunson, of Heidelberg, the eminent chemist, has been teaching fifty years.

The "American Journal of Medical Sciences" has reached the age of fifty years.

It is stated that five hundred thousand people have died from the famine in India.

Dr. Matthews Duncan has accepted the appointment to the lectureship on midwifery and diseases of women at St. Bartholomew's Hospital.

The town of Fernandina, in Florida, is the only place at which yellow fever has been reported in North America this year. Of eleven hundred cases only fifty have proved fatal.

Prof. C. A. Wunderlich, of the University of Leipzig, and best known in America by his "Manual on Medical Thermometry," died Sept. 25, from cancer of the retro-peritoneal glands.

Prof. Helmholtz has been elected to the office of Rector Magnificus in the University of Berlin for the present academic year. Prof. Du Bois Reymond has been chosen Dean of the Medical Faculty.

The Archives of Clinical Surgery and the Hospital Gazette have been consolidated under their combined names. The editorial management of the new journal will be vested in Drs. E. J. Bermingham and F. A. Lyons.

As a remedy in migraine the juice of a lemon is squeezed into a cup of black coffee, which is then taken at once to alleviate the pain in its course, or to arrest it at its commeneement. Possibly the citric acid in this case acts by disengaging the caffeine, or by forming a salt with it.

The Berlin Board of Health reports that 852 children died in that city the last week in June, and that the entire mortality from all causes was 1055, which would give an annual mortality of 54.7 per thousand. The great University does not seem to reduce the mortality of the city in which it is located below that which prevails in cities less favored with the devotees of science.

The *British Medical Journal* says that "the custom was very general in the great houses of England during the first part of the century, and which consisted in setting aside, in order to break the monotony of amusement, a day for general purgation. Hosts, guests and servants, all took part. Saturday evening was usually fixed for the purpose. The physician of the chateau came and left with each one in his chamber a contingent of pills, and on the Sunday the whole household was satisfied."

Book Notices.

Any book noticed herein may be had of E. B. Smith & Co., Publishers and Booksellers, Detroit, Mich.

HOSPITALS, THEIR HISTORY, ORGANIZATION AND CONSTRUCTION. Boylston Prize Essay of Harvard University for 1876. By W. Gill Wylie, M.D. Cloth; pages, 240. 1877. New York: D. Appleton & Co.

From his observation as a surgeon to the Resident House Staff of Bellevue Hospital the author had abundant materials for learning the bad effects of poor nursing and defective construction on the welfare of patients. Further, as a member of the standing committee on hospitals of the New York State Charities Aid Association, he spent a summer abroad in studying the subjects of trained nursing and hospital construction. Evidently he has carefully studied extensively the literature of the subject. No one familiar with Bellevue Hospital in or previous to 1872 will wonder at his statements respecting the sanitary condition of that hospital.

He says: "I saw while on duty in the wards patients die from septic diseases contracted in the wards after the slightest surgical operations or injuries.

From forty to sixty per cent. of all amputations of limbs proved fatal; I saw a strong, healthy man die from pyæmia following an amputation of a great toe. The hospital record for 1872 showed that 6.02 in every 100 died from hospital poisons and that 8.7 in every 100 of all women confined in the hospital

died of puerperal fever. With such facts before him the author was stimulated to collect other facts and make other studies, on which this volume is based.

The opening chapter on the origin and development of hospitals is one of rare interest. For clearness of historical statement we have rarely seen it surpassed. The experience of our late war, he claims, has developed and established the following principles in the construction of hospitals:

1. Hospitals should be placed on a large area of ground so that the pavilions can be widely separated from the administrative buildings and from one another.

2. That the wards should be *only one story* in height and be ventilated by openings along the side of the roof.

3. That the ward pavilions should be put up, not to remain for generations to come, but only so long as they are free from infection, and that when once they are infected they should be destroyed, and replaced with entirely new structures.

In spite of this, of the many hospitals erected since the late war but few have been planned according to these principles. Among these are one pavilion at the Rosevelt Hospital, New York city, two or three pavilions on the grounds of the Massachusetts General Hospital, and one at the Boston City Hospital.

We were interested to notice that the credit of the origin of the first hospitals is due, not to medicine, but to religion. Charity and brotherly love took shape in hospital organizations long before sanitary science existed. Curiously hospitals have been the outcome of only two or three civilizations, namely, the Buddhist, the fire worshippers and the Christian. Other civilizations had nothing in them that made life sacred or taught brotherly love. But the Buddhist, being taught to believe that every living creature is sacred, does all he can to prolong life, and so builds hospitals. The Christian extends his love to all mankind, and builds hospitals to prolong human life and relieve suffering.

The arguments for and against civil hospitals are well and forcibly stated. Further suggestions are given to obviate the evils of such hospitals.

1. Do all that can be done to enlighten the poor to help themselves and to avoid the causes of disease.

2. Give indirect help by improving the condition of the homes of the poor by strict laws in regard to the existing condition and the building of all dwelling houses, manufactories, schools, etc., etc., and in regard to the sale of food, etc.

3. Limit hospital accommodations to those who have no homes and to those who cannot be assisted at their homes.

Of the importance of woman's influence in hospital organization and management the writer is emphatic. "The nearer a hospital resembles what we understand as expressed by the word *home*, the better it is; and to approach this woman's influence must be felt from the board of managers down to the coal heaver."

As to the practical method for utilizing this influence we must refer the reader to the work itself. The three legitimate interests in every hospital are:

a. The humanitarian.

b. The scientific; and

c. The economic.

The relations of the Board of Managers, Medical Board, and Superintendent to each of these interests are stated with great discrimination and fairness. We cannot follow the author as he indicates how hospitals should be built, located, warmed, lighted, ventilated, sewered. It all constitutes one of the most readable of books, and should be in the hands of every one at all connected with an existing or projected hospital. It closes with a review of the John Hopkins work on hospitals. Of its mechanical execution we need only to state that the Appletons have issued it in their best style. L. C.

PRACTICAL HINTS ON THE SELECTION AND USE OF THE MICROSCOPE. Intended for beginners. By John Phin. Second Edition. Cloth; pages,—— New York: The Industrial Publication Company.

Of its kind this is the best book that has come to our attention. Its author is a practical microscopist, possessed of that

rare art which is able to both interest and instruct his readers. He begins with a brief statement of what the microscope is and what it does. Then follows a list of the different kinds of microscopes, their essential parts, and the name of each part.

Simple microscopes are next discussed, from the hand magnifier up. Then he treats of the typical forms of the compound microscopes. Objectives and the methods of testing them follow, and in regular order descriptions of accessory apparatus, sources of light, illumination of opaque objects and transparent objects. Then we are told how to use the microscope, to collect objects, to prepare them for examination, to preserve them and to mount them. He does not neglect to tell us how to prepare and use the various cements and varnishes and to finish the slides.

On the whole this is a cheap, simple, and yet accurate help to the student of practical microscopy. We are sure that if placed in the hands of the people and the profession it will greatly reduce the number of useless microscopes to be found in offices and houses. L. C.

How to Use the Ophthalmoscope Elementary Institutions in Ophthalmoscopy. Arranged for the use of students, with thirty-five illustrations, by Edgar A. Browne, Surgeon to the Liverpool Eye and Ear Infirmary. Cloth; pages, 120. 1877. Philadelphia: Henry C. Lea.

This capital little work should be in the hands of every medical student, and we had almost said every general practitioner. Its explanation of the optical principles on which the ophthalmoscope is founded, is so clear and simple that the most stupid reader could scarcely fail of understanding them. Equally satisfactory are the directions for the use of the instrument and the suggestions to aid in interpreting what is seen. We regret that Liebreich's ophthalmoscope is recommended, because while excellent in its day it is surpassed for convenience by those of Loring and Knapp. Our observation has convinced us that the learner makes far more rapid progress when using one of the latter. L. C.

Meteorological Report of Detroit for September, 1877.

BY C. HENRI LEONARD, M. D., OBSERVER FOR STATE BOARD OF HEALTH.

A WARM, DRY, FOGGY, HAZY MONTH.

BAROMETER.—Highest, 30.206; lowest, 29.733; range, 0.503; daily average, 29.986. Higher than last month.

THERMOMETER.—Highest, 83° (this on the last day of the month); lowest, 43° (this on the 18th); range, 40°; daily average, 64.6. It has been unusually *warm* this month; the daily average for '73 was 60.9; for '74, 66.7; for '75, 60.3; for '76, 50.1. The highest September temperature recorded was in '74; then the mercury reached 97° in the shade—as hot as we have had it anytime this year.

WINDS.—Prevailing direction, S. W. Total number of miles traveled, 3,969, a slight gain over last month. Greatest daily amount was 200 miles (this was on the 7th); the least daily amount, 50 miles (this was on the 14th); greatest hourly, 14 metres; this was on the 4th, at 2 P. M.; least hourly, calm; this on evening of the 13th.

CLOUDS.—Clear days, 12; cloudy, 4; rainfall on 8 days.

RAINFALL.—The *lowest* yet recorded for September. The total for the month was 0.39 of an inch; not one-fifteenth of what it was last month. In '73 we had 3.28 inches; in '74, 0.67 inches; in '75, 2.10 inches; in '76, 2.81 inches.

MOISTURE.—Largest amount present on the 15th; then 7 grains were present at the morning observation and 7.35 grains at the evening. These were the only times when 7 grains were reached during the month. Highest "relative humidity" was 94 per cent. This was reached on the 10th, 11th, 16th and 28th. Heaviest "pressure of vapor" was .670, and corresponded with time of greatest absolute humidity.

OZONE.—The first part of the month was pretty well marked by ozone; 1, according to the scale, being registered daily. Sometimes 1½ was reached. After the 10th of the month it was comparatively absent, rarely more than "traces" being found.

HAZE—was present on 12 observations.

FOGS—present on 10 mornings; notably so after the 20th of the month.

Prof. Trousseau's

FRESH MEAT CURE

Formula

℞

Raw Meat,
Carbon,
Sugar,
Pepsin,
Salt,
Cinchona,
Hypophos Lime,
" Soda,
" Potass,
Phosphate Iron;

Dose-1 to 4 teaspoonsful, four times daily in milk, wine or malt extract

Sold by

Wm. R. WARNER & CO.
1228 Market St.,
PHILADELPHIA.
U.S.A.

CAUTION ! !—SPECIFY McKESSON & ROBBINS'.

McKesson & Robbins'

PILLS AND GRANULES,

OF THE

U. S. PHARMACOPIA & OTHER RELIABLE FORMULÆ,

GELATINE-COATED,

Process and Machinery Patented.

91 & 93 Fulton, 80, 82 & 84 Ann Streets,

NEW YORK.

A physician in St. Louis, who has for some time been using our Pills, prescribed "Gelatine-Coated Phosphorus Pills, $\frac{1}{50}$ gr.," intending to have the McKesson & Robbins Pills dispensed, but did not perceive the usual effects after administering them to the patient. Upon investigation, he found the Pills resembled ours somewhat in external appearance, but on cutting one open, he found it contained hardly a trace of Phosphorus. The doctor went to the druggist, who had dispensed the prescription, and found that, not having our Phosphorus Pills in stock, he had dispensed an imitation; the druggist claimed that he was warranted in so doing, as the physician had not taken the precaution to put the name McKesson & Robbins upon his prescription, although the physician had been in the habit of specifying our pills, and the druggist knew it. We have had our attention called to several cases of this character, regarding the Quinine Pills, Morphia granules and others, when, on failing to obtain results, the physicians have found that they were being imposed upon by imitations; this has induced them to write "McKesson & Robbins' G. C. Pills" in full upon their prescriptions and add, "send no others." We have full lines of our Pills in all of the large, and in most of the small cities, and there is no excuse for substituting imitations.

McKESSON & ROBBINS' GRANULES, Gelatine-Coated.

Arsenious Acid ..... 1-50, 1-40, 1-30, 1-20 gr.
Atropia ..... 1-60 gr.
Corrosive Sublimate ..... 1-40, 1-30, 1-20 gr.
Digitalia ..... 1-60 gr.
This is prepared in our own laboratory and can be confidently relied upon.
Mercury, Bin-Iodide ..... 1-25, 1-16 gr.
Mercury, Proto-Iodide ..... 1-5, 1-4 gr.
Morphia, Acetate ..... 1-8, 1-4 gr.
Morphia, Sulphate ..... 1-16, 1-10, 1-8, 1-6, 1-4 gr.
Morphia, Valerianate ..... 1-8 gr.
Strychnia ..... 1-60, 1-40, 1-30 gr.
Sulphur, Iodide ..... 1-25, 1-10 gr.
Zinc, Phosphide ..... 1-6, 1-4, 1-2 gr.

Physicians have experienced the need of a reliable and pleasant form for administering these more potent remedies. The want of reliability, as exhibited in the granules of the market by the varying action following their administration, has caused them to be avoided—and very justly—by most practitioners, who have preferred rather to use solutions, and trust to the custom of dropping, or using a teaspoon to measure their portions, although nearly as uncertain, owing to great difference in the sizes of teaspoons; and the fact that drops vary with the conditions and form of surface, from which they flow.

In our preparations we have taken special precautions by enforcing our system of checking the weights, and, at large expense, have had our machines for division of the substances, so carefully and correctly constructed, as to insure an exactness never before maintained in this class of preparations. We can, therefore, afford assurance to physicians of correct weight and perfect division. Our granules have been appreciated and are being extensively used by the profession. Be careful and see that "McKesson & Robbins" is on the label.

The Spheroidal or Capsule shape of McKesson & Robbins' Pills is the best adapted to the throat, and obviates the sickening sensation so universal in swallowing a round Pill.

Therapeutical Notes on some Specialties in McKesson & Robbins' Pills, (Gelatine-Coated).

PHOSPHORUS, ... 1-100, 1-50, 1-20, 1-12 gr.

The pure transparent Gelatine we use is in no degree porous, it preserves the Phosphorus perfectly in the free state; while Sugar, owing to its crystaline nature, is very porous and will admit of rapid change in substances, of a delicate character, covered with it. We have the Phosphorus in state of solution in the excipient we employ, this insures a gradual elimination of the Phosphorus in the stomach, thus avoiding the severe irritation that is so often experienced after taking the ordinary Phosphorus Pills, which are prepared by mixing the Phosphorus in substance with the excipient, in which small fragments of Phosphorus often remain. Note remarks by Dr. Squibb, in his paper before Am. Pharm. Ass'n, Sept., '76, in which he states that Phosphorus should never be administered in substance, and if a coating be used, he commends Gelatine.

Many of the most eminent Physicians throughout the country, among whom are leading specialists in the treatment of Neurotic diseases, assert that McKesson & Robbins' Phosphorus Pills are the most rational medium yet found for exhibiting Phosphorus.

PHOSPHORUS COMPOUND, McKesson & Robbins' Pills, both $\frac{1}{60}$ & $\frac{1}{100}$ gr.

PHOSPHORUS COMPOUND AND IRON, McKesson & Robbins' Pills.

ERGOTIN PILLS, ... 3 grs.

We manufacture our Ergotin with great care from the best quality of fresh, selected Ergot, and it contains in the most potent form all the active constituents of Ergot of Rye, each grain representing 10 grs. of Ergot, and each pill being equal to half a teaspoonful of officinal fluid extract. The value of Ergotin, in the place of the crude drug and the Fluid Preparations, is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of Neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in Gynæcology, assert that they have never found a preparation of Ergot, in which, by experience, they felt as much confidence as in McKesson & Robbins' Ergotin Pills. The advantages of prescribing it in this form will be readily acknowledged. (Dose, 1 to 3.)

We offer our Ergotin, prepared specially for hypodermic use, in one ounce bottles.

PHOSPHATES IRON, QUININE & STRYCHNINE PILLS.

Each pill represents an equivalent of about two teaspoonfuls of Elixir, and is a much more preferable form, in being more agreeable to take and not objectionable to the weakest stomach, when Syrup or Elixir are rejected. As a tonic, this pill is deservedly popular. We also offer Iron, Quinine and Strychnine Pills, the Iron being in the form of Quevenne's or reduced by hydrogen.

EXTRACT SUMBUL, (Musk Root,) ..... 1 gr.

This drug has for some time been extensively used in Russia, and for several years in England and America, in the treatment of hysteria and general spasmodic disorders, particularly in that class of cases where assafœtida has heretofore been much used. Those most experienced in its use claim that it possesses great merit. (Dose, 2 to 3.)

SALICYLIC ACID PILLS, ... 2½ and 5 grs.

Our pills present the best form for administering this now very important remedy, which has proved so efficacious in Rheumatism, and which is also extensively used as an Antiseptic and Febrifuge. It is claimed that the solutions, formed by the use of Sodium, Ammonium and other salts, produce combinations which do not represent the full value of the free Acid.

EXTRACT GRINDELIA ROBUSTA PILLS, ... 3 grs.

The Solid Extract is of our own manufacture and is ten times the strength of the Herb; it can be used much more readily and with better effect than any of the liquid preparations. The use of this remedy in Hay Fever, and all Asthmatic difficulties, has increased largely in the Eastern States and Europe, and its therapeutic value is conceded. (Dose, 1 to 3.)

EXTRACT GUARANA PILLS, ... 3 grs.

This Solid Extract is also manufactured in our own laboratory, and is many times the average strength of the drug. We offer these Gelatine-Coated Pills with confidence in their being the only accurate mode of preparing this widely used and much appreciated remedy, as the *drug* varies so much in strength; some preparations in the market have been found to consist largely of impurities. We carefully test each shipment we receive, and our Solid Extract is of superior and uniform quality. The value of Guarana, in many phases of sick, nervous and sun headache, as well as in Neuralgia, and in irritations of the mucous membrane, has become well known to practitioners, and its happy effects, in Diarrhœa, Dysentery and kindred diseases, have been attested in numerous cases. (Dose, 2 to 3.)

CAUTION!!—SPECIFY McKESSON & ROBBINS'.

QUININE, SULPHO-CARBOLATE,.....1, 2 and 3 grs.

This Salt of Quinine has been very much used in some of our extreme malarial districts during the past two years. Those, who have tested it very carefully, claim that it possesses a most positive specific action in the treatment of fever and ague, and has proved itself eminently superior to the Sulphate of Quinine in all malarial fevers.

PHOSPHIDE ZINC,.....1-6, 1-4 and 1-2 gr.

The Phosphide of Zinc has been very successfully used by Drs. Hammond, (see Dr. H.'s last book,) Routh, and other prominent authorities on treatment of brain diseases, all of whom assert its efficacy. It has been used with remarkable results in severe cases of Neuralgia, (see paper by Dr. Adolphus, St. L. Med. Jour., XIII, 471). P. Vigier, *Bull. Gen. de Therap.*, states that Phosphide of Zinc is more prompt and reliable in its action than free Phosphorus.

PHOSPHIDE ZINC AND NUX VOMICA, (Hammond's formula.)

IODIDE OF IRON, (Blancard's formula,).....1 gr.

Preferable to the Syrup and much more soluble and active than the imported pills, which are coated with a resin, and are usually very old before they reach the consumer.

MONOBROMATED CAMPHOR,.....2 and 3 grs.

Is now being considerably used in treatment of Spermatorrhœa; strongly recommended in cases of Cerebral-Anæmia; used successfully in infantile Convulsions from teething; Hysteria, Headache from over study or nervousness and Nymphomania. (Dose, 3 to 4 grs.)

QUININE, SULPHATE & BI-SULPHATE, ¼, ½, 1, 1½, 2, 3, 4 & 5 grs.

McKesson & Robbins' Quinine Pills are well and favorably known, having displaced the use of other pills in New York and all parts of the country. The fact that they always yield more speedy and satisfactory results, and the ease, with which even a child can take them, have aided in making them the favorite pills. Several physicians have related to us cases—particularly of Diphtheria—where they found it impossible to administer the round pill, but the patients swallowed McKesson & Robbins' Pills without difficulty. We call special attention to our five grain Quinines, which, owing to form and nature of coating, are as easily swallowed as the ordinary two grain. Our Bi-Sulphate of Quinine Pills contain an additional equivalent of sulphuric acid, thus rendering the officinal sulphate much more soluble, a decided advantage over the ordinary Quinine Pills. See Am. Jour. Pharm., XXV, 292.

QUININE, CARBOLATE,.....1 gr.

QUININE, SALICYLATE,.....1 gr.

QUININE, VALERIANATE,.....½ gr.

CINCHONIDIA, SULPHATE,.....1, 2 and 3 grs.

Now coming into extensive use. McKesson & Robbins' Pills have proved the best form for administering it.

COMPOUND HYPOPHOSPHITES PILLS, (Lime, Soda, Potassa and Iron.)

Form the best possible medium for administering this remedy, which occupies so prominent a place for the treatment of lung diseases and bronchial affections.

DOVER'S POWDER PILLS,.....2½ and 5 grs.

Affording an agreeable medium for the administration of this exceedingly nauseous compound, the value of these Pills will be readily seen by Physicians.

LACTO-PHOSPHATE OF LIME PILLS,.....5 grs.

This form possesses many advantages over the Syrup. Used with much success in Dyspepsia.

PEPSIN, BISMUTH AND STRYCHNINE PILLS,.....5 grs.

Representing this combination in the most agreeable and reliable form.

SOLIDIFIED COPAIBA WITH OLEO-RESIN CUBEB PILLS,.....3 and 5 grs.

We prepare both these ingredients in our own laboratory, with great care, and can assert their superior quality. The value of the Oleo-Resin Cubeb often offered in market is very slight, due to the fact that the largest proportion is powdered Cubeb Berries.

Price Lists furnished upon application. See list of formulas, last page.

Private Formulas of 3,000 or more Pills, made and coated to order.

McKESSON & ROBBINS, 91 Fulton St., New York.

CAUTION!!—SPECIFY McKESSON & ROBBINS'.

CAUTION ! !—SPECIFY McKESSON & ROBBINS'.

Formulas of McKesson & Robbins' Pills, (Gelatine-Coated).

Acid, Arsenious....1-50, 1-40, 1-30 and 1-20 gr.
*Acid, Salicylic....2 1-2 and 5 grs.
Aloes, U. S....4 grs.
Aloes and Assafœtida, U. S....4 grs.
Aloes and Iron....3 grs.
{ Pulv., Aloes, Soc., 1-2 gr.
Pulv., Zingib. Jam., 1 gr.
Ferri, Sulph., Exsic., 1 gr.
Extract, Conii, 1-2 gr. }
Aloes and Myrrh, U. S....
Aperient....
{ Ext., Nucis Vom., 1-3 gr.
Ext., Hyoscyami, 1-2 gr.
Ext., Coloc. Comp., 2 grs. }
Assafœtida....2 grs.
{ Assafœtida, 1 1-2 grs.
Pulv., Saponis, 1-2 gr. }
Assafœtida, U. S....4 grs.
{ Assafœtida, 3 grs.
Pulv., Saponis, 1 gr. }
Assafœtida and Nux Vomica....
{ Assafœtida, 3 grs.
Ext., Nucis Vom., 1-4 gr. }
*Atropia....1-60 gr.
*Belladonna Extract....½ gr.
Bismuth, Subnitrate....3 and 5 grs.
Blue Pill, U. S....1, 3 and 5 grs.
Calomel....1-2, 1, 2, 3 and 5 grs.
Camphor and Henbane....
{ Camphora, 1 gr.
Ext. Hyoscyami, 1 gr. }
*Camphor, Mono-Bromated....2 and 3 grs.
Cannabis Indica Extract....1-2 gr.
Cathartic Compound, U. S....
Cathartic Vegetable....3 grs.
{ Ext., Col. Comp., pulv., 1 1-2 grs.
Res., Podophylli, - - 3-8 "
Res., Leptandræ, - - 1-8 "
Jalapæ pulv, - - - 1-4 "
Aloes Socotrin pulv, - 1-2 "
Ext., Hyoscyami, - 1-4 "
Ol., Menthæ Pip. }
Chinoidine....1-2, 1 and 3 grs.
Cinchonia, Sulphas....3 grs.
Cinchonidia, Sulphate....1, 2 and 3 grs.
Colocynth, Comp. Extract....3 grs.
Colocynth, Ipecac and Blue....
{ Ext. Coloc. Comp., pulv., 2 grs.
Pulv. Ipecacuanhæ, 1-6 gr.
Pill., Hydrarg., 2 grs. }
Cook's....3 grs.
{ Pulv., Aloes, Soc. 1 gr.
Hydrarg., Chlor., Mite, 3-4 gr.
Pulv., Rhei., 1 gr.
Pulv., Saponis, 1-4 gr. }
Copaiba....3 grs.
Copaiba and Oleo-Resin Cubebs....3 grs.
{ Pil., Copaibæ, 2 grs.
Oleo-Resin Cubebæ, 1 gr. }
Copaiba and Oleo-Resin Cubebs....5 grs.
{ Pil., Copaibæ, 3 grs.
Oleo-Resin Cubebæ, 2 grs. }
*Corrosive Sublimate....1-40, 1-30 and 1-20 gr.
*Digitalia, pure....1-60 gr.
Dinner (Cole's)....
{ Pil., Hydrarg., 1 1-5 grs.
Pulv. Aloes, Soc., 1 1-5 grs.
Pulv. Jalapæ, 1 1-5 grs.
Ant. et Pot., Tart., 1-50 gr. }
Dinner (Lady Webster's)....3 grs.
{ Pulv., Aloes, Soc., 1 4-5 grs.
Pulv., Mastiches, 3-5 gr.
Pulv. Rosæ, Gallicæ, 3-5 gr. }
*Emmenagogue....
{ Ergotin, - - 1 gr.
Ext., Helleb., Nig., 1 gr.
Ferri, Sulph., Exsic., 1 gr.
Aloes, Soc., Pulv., 1 gr.
Ol. Sabinæ, 1-4 gr. }
*Ergotin....3 grs.
Ferruginous (Blaud)....3 and 5 grs.
{ Ferri, Sulphas.
Potassæ, Carb. aa }
*Grindelia Robusta Extract....3 grs.
*Guarana Extract (Paullinia)....3 grs.
*Henbane, Extract....1 gr.
Hepatic....
{ Pil., Hydrarg., 3 grs.
Ext., Coloc. Comp., 2 grs.
" Bellad., 1-4 gr. }
Hooper's....2½ grs.
Hypophosphites, Compound....
{ Calcii, Hypophos., 1 gr.
Sodii, " 3-4 gr.
Potassii, " 1-2 gr.
Ferri, " 1-4 gr. }
*Iodide of Iron (Blancard's formula)....1 gr.
Iodoform....1 gr.
Iodoform and Iron....2 grs.
Ipecac & Opium (Dover's Powder, U.S.) 2½ grs
Ipecac & Opium (Dover's Powder, U. S.) 5 grs.
Iron by Hydrogen (Quevenne's)....1 and 2 grs.
Iron, Citrate and Quinine....1 and 2 grs.
Iron, Proto-Carb. (Vallet's Mass.) 2 grs. & 3 grs.
Iron, Proto-Carb. (Vallet's Mass.)....5 grs.
*Iron, Proto-Chloride....1 gr.
Iron, Quinine and Strychnine....
{ Ferrum, Redactum, 1 gr.
Quiniæ, Sulphas, 1 gr.
Strychnia, 1-60 gr. }
Laxative (Cole's)....
{ Res., Podophylli, - 1-10 gr.
Hydrarg., Chlor., Mite, 1 gr.
Ext. Col. Comp., pulv., 3 grs. }
Lime, Lacto-Phosphate....5 grs.
*Mercury, Bin-Iodide....1-25 and 1-16 gr.
*Mercury, Prot-Iodide....1-5, and 1-4 gr.
Morphine, Acetate....1-8 and 1-4 gr.
*Morphine, Sulphate, 1-16, 1-10, 1-8, 1-6, 1-4 gr.
Morphine Valerianate....1-8 gr.
Neuralgia (Brown-Sequard)....
{ Ext., Hyoscyami, 2-3 gr.
" Conii, 2-3 gr.
" Ignatii Amarae, 1-2 gr.
" Opii, 1-2 gr.
" Aconiti, 1-3 gr.
" Cannab. Indicæ, 1-4 gr.
" Stramonii, 1-5 gr.
" Belladonnæ, 1-6 gr. }
Neuralgia (Dr. Grose's)....
{ Quiniæ, Sulphas, 2 grs.
Morphiæ, Sulphas, 1-20 gr.
Strychnia, 1-30 gr.
Acid Arsenicsum, 1-20 gr.
Ext., Aconiti, 1-2 gr. }
Neuralgia, (Dr. Grose's) as above, without Morphine.
Nux Vomica Extract....1-2 gr.
Opium, U. S....1 gr.
*Opium Extract....1-4, 1-2 and 1 gr.
Opium and Acetate of Lead....2 grs.
{ Opii, Pulv., 1 gr.
Plumbi, Acet., 1 gr. }
Opium and Camphor....
{ Opium, 1 gr.
Camphora, 2 grs. }
Pepsin....5 grs.
Pepsin and Bismuth....5 grs.
{ Pepsin, 2 grs.
Bismuth, Sub-Nit., 3 grs. }
Pepsin, Bismuth and Strychnine....5 grs.
{ Pepsin, 2 1-2 grs.
Bismuth, Sub-Nit., 2 1-2 grs.
Strychnia, 1-60 gr. }
Phosphates Iron Quinine and Strychnine....
{ Ferri, Phosphas., 2 grs.
Quiniæ, Phosphas, 1 gr.
Strychniæ, Phosphas, 1-60 gr. }
Phosphorus....1-100, 1-50, 1-20 and 1-12 gr.
Phosphorus Compound....
{ Phosphorus, 1-60 gr.
Ext., Nucis Vomicæ, 1-4 gr. }
Phosphorus Compound....
{ Phosphorus, 1-100 gr.
Ext., Nucis Vomicæ, 1-4 gr. }
Phosphorus Compound and Iron....
{ Phosphorus, 1-100 gr.
Ferri, Phosphas, 1-2 gr.
Ext., Nucis Vomicæ, 1-3 gr. }
Podophyllin....1-4, 1-2 and 1 gr.
Podophyllin Compound....
{ Podophyllin, 1-2 gr.
Ext., Hyoscyami, 1-3 gr.
Ext., Nucis Vomicæ, 1-16 gr. }
Podophyllin and Blue....
{ Podophyllin, 1-2 gr.
Pil., Hydrarg., 2 1-2 grs. }
Podophyllin, Capsicum and Belladonna....
{ Podophyllin, 1-4 gr.
Ext., Bellad. Alc., 1-8 gr.
Pulv., Capsici, 1-2 gr. }
Podophyllin, Ext., Coloc. and Belladonna....
{ Podophyllin, 1-2 gr.
Ext., Coloc. Comp., 2 grs.
" Belladon., 1-4 gr. }
*Quinine, Carbolate....1 gr.
*Quinine, Salicylate....1 gr.
*Quinine, Sulphate & Bi-Sulphate, 1-4 & 1-2 gr.
Quinine, Sulphate and Bi-Sulphate....1 gr.
Quinine, Sulphate and Bi-Sulphate....1½ grs.
Quinine, Sulphate and Bi-Sulphate....2 grs.
Quinine, Sulphate and Bi-Sulphate....3 grs.
Quinine, Sulphate and Bi-Sulphate....4 grs.
Quinine, Sulphate and Bi-Sulphate....5 grs.
*Quinine, Sulpho-Carbolate....1, 2 and 3 grs.
Quinine and Aloes....1 gr.
{ Quiniæ, Sulphas, 3-4 gr.
Pulv., Aloes, Soc., 1-4 gr. }
Quinine, Arsenic and Nux Vomica....
{ Quiniæ, Sulphas, 1 gr.
Acid, Arsenicsum, 1-60 gr.
Ext., Nucis Vomicæ, 1-4 gr. }
Quinine and Iron....
{ Quiniæ Sulphas, 1 gr.
Ferrum Redactum, 1 gr. }
Quinine and Carbonate Iron....
{ Quiniæ, Sulphas, 1 gr.
Ferri, Sub. Carb, 2 grs. }
Quinine, Phosphorus and Nux Vomica....
{ Quiniæ, Sulphas, 1 gr.
Phosphorus, 1-60 gr.
Ext., Nucis Vomicæ, 1-40 gr. }
Quinine, Phosphorus and Nux Vomica....
{ Quiniæ, Sulphas., 1 gr.
Phosphorus, 1-60 gr.
Ext., Nucis Vomicæ, 1-4 gr. }
Quinine Compound....
{ Quiniæ, Sulphas, 1 gr.
Ferrum, Redact., 1 gr.
Acid, Arsenicsum, 1-32 gr. }
Quinine Compound and Extract Dandelion....
{ Quiniæ, Bi-Sulph., 1 1-4 grs.
Ferri, Sulph., Exsic., 2 grs.
Acid, Arsenicsum, 1-24 gr.
Extract, Taraxici, 1 1-4 grs. }
Quinine Compound and Strychnine....
{ Quiniæ, Sulphas., 1 gr.
Ferrum, Redactum, 1 gr.
Strychnia, 1-20 gr.
Acid, Arsenicsum, 1-20 gr. }
Quinine, Valerianate....1-2 gr.
Rheumatic....
{ Ext., Coloc. Comp., 1 1-2 grs.
Ext., Coich. Acet., 1 gr.
Ext., Hyoscyami, 1-3 gr.
Hydr., Chlor., Mite, 1-3 gr. }
Rhubarb, U. S....
Rhubarb Compound, U. S....
Santonin....1 gr.
Santonin and Calomel....
{ Santonin, 1 gr.
Calomel, 1 gr.
Chocolate. }
*Sodium, Salicylate....5 grs.
Strychnine....1-50, 1-40 and 1-30 gr.
*Strychnine Compound....
{ Strychnia, 1-100 gr.
Phosphorus, 1-100 gr.
Ext. Cannab. Indic., 1-16 gr.
Ginseng, 1 gr.
Ferri, Carb., 1 gr. }
*Sulphur, Iodide....1-25 and 1-10 gr.
*Sumbul, Extract....1 gr.
Syphilitic (Ricord's modified)....
{ Hydr. Prot-Iodide, 1-2 gr.
Lactucarium, - 1-2 gr.
Ext., Opii, - - 1-10 gr.
Ext., Cicutæ, - 1½ grs. }
Tonic (Dr. Aiken)....
{ Quiniæ, Sulph., 1 gr.
Acid, Arsenicsum, 1-50 gr.
Ferrum, Redactum, 2-3 gr.
Strychnia, 1-50 gr. }
Triplex....
{ Extract Aloes, 2 grs.
Podophyllin, 1-2 gr.
Pil., Hydrarg., 1-2 gr. }
Triplex (Dr. Francis)....
{ Pulv., Aloes, Soc. Pil., Hydrarg.
Pulv., Scammonii. Ol., Tigilii.
Pulv., Myrrhæ. Ol., Carui. }
Valerian Extract....3 grs.
*Zinc, Phosphide....1-6, 1-4 and 1-2 gr.
*Zinc, Phosphide and Ext. Nux Vomica....
{ Zinci, Phosphuretum, 1-10 gr.
Ext., Nucis Vomicæ, 1-4 gr. }
Zinc, Valerianate....1 gr.

RECENT ADDITIONS TO LIST.

Aconitia....1-60 gr.
Blue Pill Compound....
{ Pil. Hydrarg., 1 gr.
Pulv. Opii., 1-2 gr.
Pulv. Ipecac., 1-4 gr. }
Blue Pill, U. S....1-2 gr.
Caffeia, Citrate....1 gr.
Cinchona Bark Alkaloids....
{ Quiniæ Sulph., 1-2 gr.
Quinidiæ Sulph., 1-2 gr.
Cinchoniæ Sulph., 1-2 gr.
Cinchonidiæ Sulph., 1-2 gr. }
Cinchonidia Sulphate....5 grs.
Codeia....1-16 and 1-5 gr.
Hydrastia (White Alkaloid)....1-2 and 1 gr.
Jaborandi Extract....3 grs.
Ox Gall Comp....3 grs.
{ Fel Bovin. dep., 2 grs.
Pulv. Zingiber, 1 gr. }
Phosphorus, Iron and Quinine....
{ Phosphorus, 1-100 gr.
Ferri Carb. (Vallet's), 1 gr.
Quiniæ Sulph., 1 gr. }
Phosphorus, Iron, Quinine and Nux Vomica..
{ Phosphorus, 1-100 gr.
Ferri Carb. (Vallet's) 1 gr.
Quiniæ Sulph., 1 gr.
Ext. Nucis Vomicæ, 1-2 gr. }
Piperin Compound....
{ Piperin, 1-4 gr.
Hydr. Chlor. Mite 1-4 gr. }
Podophyllin....1-8 gr.
Podophyllin and Leptandrin....
{ Podophyllin, 1-2 gr.
Leptandrin, 1 gr. }
Poke Root Compound....
{ Ext. Phytolaccæ, Alc., 2 grs.
Ext. Stillingiæ, " 1 gr.
Ext. Stramonii, " 1-8 gr. }
Potassium, Bromide....2 and 5 grs.
Quinine Sulpho-Carbol....5 grs.
Quinine and Strychnine....
{ Quiniæ Sulph., 1 gr.
Strychnia, 1-60 gr. }
Quinine, Iron and Nux Vomica....
{ Quiniæ Sulph., 1 gr.
Ferri Carb. (Vallet's), 2 grs.
Ext. Nucis Vom., 1-4 gr. }
Salicin....2 1-2 and 5 grs.
Salicylic Acid with Morphine....
{ Acid Salicylicum, 2 1-2 grs.
Morphiæ Sulphas, 1-12 gr. }
Salicylic Acid with Morphine....
{ Acid. Salicylicum, 5 grs.
Morphiæ Sulphas, 1-8 gr. }
Sandal Wood Extract (McK. & R.)....2 grs.
Tartar Emetic....1-100, 1-20 and 1-4 gr.

The coating, not being porous, will protect such preparations as Phosphorus and Iron Compounds better than Sugar.

CAUTION ! !—SPECIFY McKESSON & ROBBINS'.

QUININE PILLS.

McKESSON & ROBBINS' QUININE PILLS are now accepted by most of our leading Physicians as the most reliable, and have very generally displaced the use of other ready-made Quinine Pills. They are also used by many of the most discriminating practitioners, who would not use other coated pills because they could not depend upon their solubility or action, while with McKesson & Robbins' Gelatine Coated Pills, they have always received speedy and satisfactory results, due to the fact that they are quickly soluble, and prepared with great care. They are the favorite pills with patients, the capsule shape rendering them so very easy to swallow, even by children. Physicians have reported cases of Patients, suffering from severe ulceration of the throat, particularly diptheria, in which they found it impossible to administer the round pill, but on giving the McKesson & Robbins' Gelatine Coated Pills, the patient was able to swallow the latter without difficulty. We call special attention to our five grain Quinines, which, owing to form and nature of coating, are as easily swallowed as the ordinary two grain. Our Bi-Sulphate of Quinine Pills contain an additional equivalent of sulphuric acid, thus rendering the officinal sulphate much more soluble, a decided advantage over the ordinary Quinine Pills. (See *Am. Jour. Pharm.*, xxv, 292.)

QUININE, SULPH. & BI-SULPHATE,.....¼, ½, 1, 2, 3, 4 & 5 grs.
QUININE, SULPHO-CARBOLATE.....1, 2, 3 and 5 grs.

This Salt of Quinine has been very much used in some of our extreme malarial districts during the past two years. Those, who have tested it very carefully, claim that it possesses a most positive specific action in the treatment of fever and ague, and has proved itself eminently superior to the Sulphate of Quinine in all malarial fevers.

It is considered of special value in scarlet fever.

QUININE, CARBOLATE,.....1 gr.
QUININE, SALICYLATE,.....1 gr.
QUININE, VALERIANATE,.....½ gr.
CINCHONIDIA, SULPHATE,.....1, 2 and 3 grs.

Now coming into extensive use. McKesson & Robbins' Pills have proved the best form for administering it.

CINCHONA BARK ALKALOIDS..... Quiniæ Sulph., ⅛ gr. Quinidiæ Sulph., ⅛ gr. Cinchoniæ Sulph., ⅛ gr. Cinchonidiæ, Sulph., ⅛ gr.

As a substitute for Quinine, this gives the bark alkaloids combined.

The question whether McKesson & Robbins' Gelatine-Coated Quinine Pills will remain unaffected in warm, damp climates, seems to be satisfactorily answered in the following abstract of a letter from Aspinwall.

"Commissary Department,
Panama Railroad, Aspinwall, U. S. C.

Mess. McKesson & Robbins,

Gentlemen.—Almost everything perishes rapidly in this terrible climate, but your Gelatine-Coated Pills in bottles keep remarkably well. The dampness does not appear to have the least effect upon them, as long as they are kept in bottles.

They are very popular here with those who dislike the intense bitterness of Quinine.

Yours respectfully, THOS. M. CASH, Commissary."

"PERMANENCE."—We guarantee our pills to keep perfectly in any climate. McKesson & Robbins' Quinine Pills are no more expensive than any others which contain the full amount of pure Sulphate of Quinine.

"SOLUBILITY."—During a session of a Pennsylvania Medical Society, a discussion on ready-made Pills was introduced, and several eminent practitioners asserted their want of faith in the solubility of sugar-coated and compressed Pills, on account of not yielding ready effect after administration, and stated that under personal observation they had known the sugar-coated Pills to pass through the bowels undissolved. *Some of these gentlemen had used McKesson & Robbins' Gelatine-Coated Pills, and during considerable experience, had always found them to produce the most prompt and positive action.*

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10 Ivory points, Cow-Pox Virus, Charged on both sides, - - - $1.50
1 Crust, - - - - - - - - - - - - - - - 3.00
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The Abdominal Support is a broad morocco leather belt with elastic straps to buckle around the hips, with concave front, so shaped as to hold up the abdomen.

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Sugar of Milk	20 oz.	Ptyalin or Diastase	1 dr.
Pepsin (Pure)	4 "	Lactic Acid	2½ fl. "
Pancreatine (Pure)	3 "	Hydrochloric Acid	2½ fl. "

Powder and Mix.

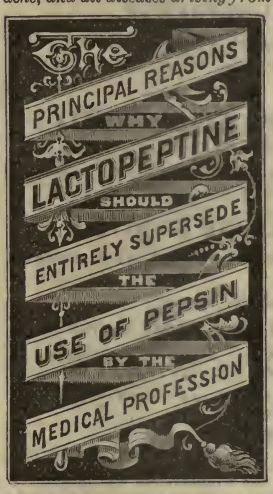
The digestive power of LACTOPEPTINE is invariably tested, so as always to insure perfect uniformity.

LACTOPEPTINE, as well as other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.

One ounce sent by mail, prepaid, on receipt of ..... ***$ 1.00***
One pound " " " " " " ***13.00***

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

This preparation has now been in the hands of the Medical Profession for over two years during which time its therapeutic value has been most thoroughly established in cases of *Dyspepsia, Chronic Diarrhœa, Constipation, Vomiting in Pregnancy or Dyspepsia, Head ache, and all diseases arising from imperfect nutrition.*



1st.—It will digest from three to four times more *coagulated albumen* than any preparation of Pepsin in the market.

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3d.—It will change the *starchy* portions of vegetable food into the assimilable form of Glucose.

4th.—It contains the natural acids secreted by the stomach (*Lactic and Hydrochloric*), without which Pepsin and Pancreatine will not change the character of coagulated albumen.

5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.

6th.—IT IS MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. *An ounce of Lactopeptine is, therefore, fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.*

NEW YORK, April 6, 1875.

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To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces of Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

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COMP. CATHARTIC ELIXIR.

The only pleasant and reliable Cathartic in liquid form that can be prescribed.

Each fl. oz. contains:

Sulph. Magnsia,	1 dr.	Liquorice,	1 dr.
Senna,	2 "	Ginger,	3 grs.
Scammony,	6 grs.	Coriander,	5 "

With flavoring ingredients.

Dose—Child five years old, 1 to 2 teaspoonfuls; adult, 1 to 2 tablespoonfuls

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

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FEES.—For Preliminary and Regular Sessions: Matriculation $5. Hospital Fees (good for one year), $10. Lecture Fees, $40. Graduation, $25. Lecture fees to third course students, $25.

For the Recitation Term the Lecture fees are $10, to those who attend the other courses. All others are required to matriculate and take out the Hospital tickets.

All fees payable in advance to the *Secretary*.

Board and Rooms can be obtained at low rates—according to accommodations—from $3 to $5 per week. Announcement and Catalogue, or any further information which may be desired, can be promptly obtained by addressing

LEARTUS CONNOR, M. D., SECRETARY,
94 Cass St., Detroit, Mich.